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ABSTRACT

This issue of "Perceptions" contains an introductory article by guest editor Herbert Foster--"A Variety of Programs"--and seven articles describing programs for educating emotionally disturbed children in New York. "A Very Special Place" (Susan Kosberg and Bernie Kosberg) describes a therapeutic camping milieu located in the Hudson highlands. "RISC - Raising Individual Self Concept" (Susan Shove) describes a Girl Scout-sponsored adaptive Outward Bound program for girls who are at risk of becoming teenage mothers, school drop-outs, juvenile offenders, and unproductive citizens. "The Herbert G. Birch School for Exceptional Children" (Morton Bortner and Phyllis Susser) describes a day school program with a behavior modification culture integrated with a psychodynamic orientation. "The Corey School at Pilgrim Psychiatric Center: A Holistic Approach to Special Education within a Psychiatric Setting" (Phyllis March and Dianna Dantuono) describes a program for adolescents and adults which seeks to rebuild self-concepts and assist in developing the resiliency needed to meet life challenges. "The Clarkstown Alternative" (Joel Klein et al.) is a highly structured and individualized school program of remediation and rehabilitation. "The Last Stop on the Public School Express" (Lynne Gang) comments on development of a program within a BOCES (Board of Cooperative Educational Services). "Bringing Mental Health Services to Public School Programs" (Richard Brennan et al.) describes a cooperative program combining educational services with mental health services. (JDD)

Perceptions

A Quarterly Publication of Association of New York State Educators of the Emotionally Disturbed

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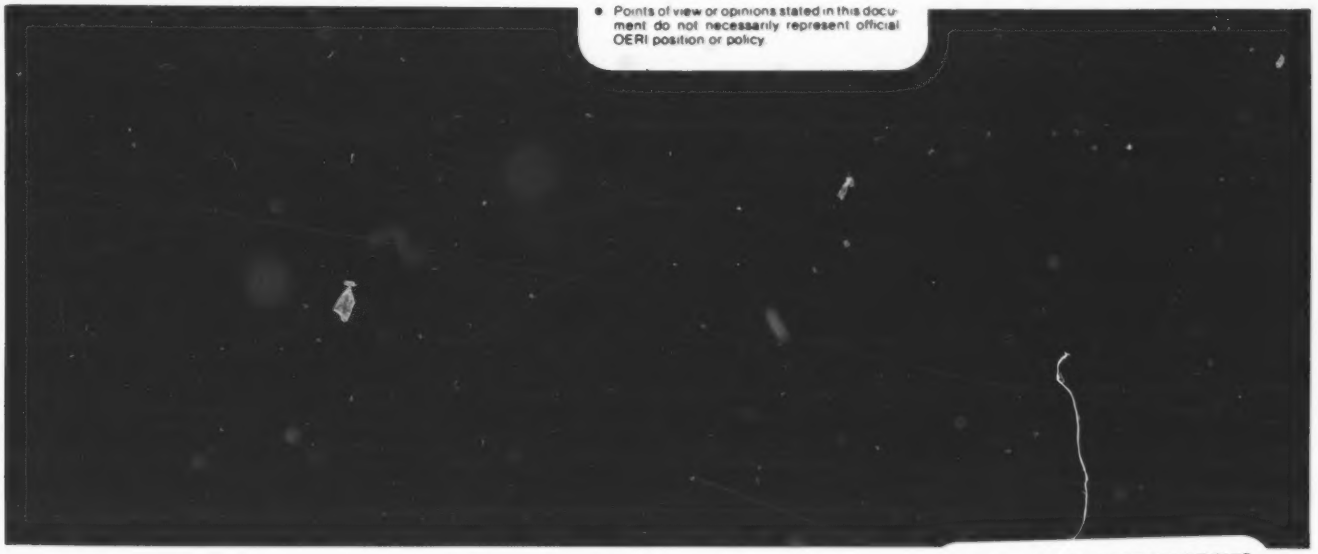

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PERCEPTIONS is a national, refereed journal established to promote the education of persons with emotional disturbance. Recognizing the importance of contributions from various disciplines, the editors encourage publication of materials that aid the practitioner. Articles about methods, materials, approaches, and techniques are welcomed.

PERCEPTIONS is a publication sponsored by the Association of New York State Educators of the Emotionally Disturbed.

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Original articles that focus on the education of persons with emotional disturbance will be considered for publication in PERCEPTIONS. Three copies of an article must be typed, double spaced, and submitted on 8-1/2 by 11 inch paper. In submitting a manuscript, the author should follow the format given in the third edition of the publication manual of the American Psychological Association. A cover sheet is to accompany the article, including:

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EDITORIAL

It is with a great deal of pride and pleasure that I assume the role of editor of PERCEPTIONS. Under the past, expert leadership of Ed Kelley, this publication grew from a local newsletter to a nationally recognized journal. As in the past, PERCEPTIONS will continue to recognize and respond to the needs of educators of individuals with emotional disturbances.

This issue of the publication features a number of highlights and changes. Under the direction of our guest editor, Dr. Herb Foster, articles describing outstanding programs that service individuals with emotional disturbances are presented. Herb's introduction to this special issue accompanies this editorial. Under the guidance of our new associate editor, Lynn VanEseltine Sarda, three new columns have been added to our agenda, "From the Stacks," "From the Classroom," and "From the Chapters." Additional changes and new columns are being planned for future issues of PERCEPTIONS.

I would like to ask you to take the time to examine carefully the initial agenda for the conference in Utica, N.Y. on April 7, 8, 9, 1989. A great deal of time has been put forth by your officers in the planning of this event. ANYSEED consistently offers a conference that has practical, useful sessions that are applicable to the classrooms of teachers who educate individuals with emotional disturbances. Meet your colleagues, improve your teaching skills and get rejuvenated - join us for the spring conference in Utica, NEW YORK!

Robert J. Michael
Executive Editor

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The ANYSEED Professional Development Division in conjunction with the 24th Annual Conference Committee and the Institute for Staff Development in Education at SUNY, New Paltz, are pleased to announce the establishment of a three (3) hour graduate course associated with the 24th Annual ANYSEED Conference April 7, 8 and 9, 1989.

Course: 39593, Contemporary Issues and Problems in Working with Emotionally Disturbed Children

Description: Issues and problems related to working with emotionally disturbed children as identified in the conference sessions will be considered. In-depth analysis of the major concerns will be carried out through independent study and through practical application of the information required. Full conference participation is required.

General Course Requirements:
Students are required to:
(1) Attend the full 24th Annual ANYSEED Conference.
(2) Attend class sessions scheduled for Thursday, April 6, 1989 at 7:30 P.M. and Sunday, April 9, 1989 at 10:00 A.M.
(3) Summarize and analyze each of the workshops attended.
(4) Propose an independent project that applies information acquired from the conference sessions.
(5) Be available for individual consultations with the course instructors with respect to the proposed independent project.
(6) Implement and evaluate the independent project.

Detailed guidelines for course requirements will be distributed at the first class meeting.

Registration Deadline: March 15, 1989

Fees: $294 - In addition to the conference fee; make checks payable to ANYSEED, Professional Development Division; Robin Mason, 1820 Fairport Nine Mile Point Road, Rochester, New York 14526

Registration Information: When sending the fees ($294 and conference fee) please enclose the following information: Name, Address, Home Telephone, Work Telephone, and Present Work Position.

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A VARIETY OF PROGRAMS:

MEETING THE NEEDS OF EMOTIONALLY DISTURBED STUDENTS IN NEW YORK STATE

by

Herbert L. Foster - Guest Editor

Herbert L. Foster, ED.D is Professor & Coordinator, Concentration in Special Education. Department of Learning & Instruction. Faculty of Educational Studies. State University of New York at Buffalo. Amherst, New York 14260.

When special educators get together and schmooz,[1] very often they eventually discuss the need for more programs to help those emotionally disturbed students not being serviced through his or her school district's existing programs. However, when one looks at existing programs for the emotionally disturbed in New York State, a myriad of programs can be found in place and working.

Furthermore, though these programs for the emotionally disturbed may not all be found in the same school district or area of the state, programs exist and are supported by, for example, regular school districts, union free school districts, the private sector, boards of cooperative educational services, religious or sectarian organizations, non-educational governmental agencies, non-profit organizations and social agencies.

Today, these programs take many organizational and philosophical forms. Some of the programs follow traditional regular school departmentalized programming and are located in regular schools, while other programs break with that tradition completely. However, historically, according to Morse, Cutler and Fink (1984), during the early 1960s emotionally disturbed and educable mentally retarded youngsters were educated primarily in regular classes.

A quick review of the literature around programs for the emotionally disturbed revealed some reporting of programs. New York State programs are reported, for the most part, by Berkowitz and Rothman (1967) and a number of articles and issues of *The Forum* (Caine, 1984, & Susser, 1979).

Berkowitz and Rothman's contributors described New York City programs that included The Livingston School, a day school for disturbed girls; the "600" schools, day schools for disturbed boys; the Bellevue Psychiatric Hospital School, a school for boys and girls in a psychiatric hospital; Boys and Girls Youth Houses, schools providing education for the temporary aspect of detention; a prison school, a "600" school located on Rikers Island; and the Junior Guidance Classes Program, special classes within regular elementary schools.

In Harshman's (1969) *Educating the Emotionally Disturbed: A Book of Readings*, a number of authors described programs for the emotionally disturbed in day classes, regular schools, special schools and residential centers.

Daniel Sage (Kauffman & Hallahan, 1981) described a spectrum of direct services for special education students in institutional schools, university-affiliated facilities and in private sector schools. Nelson, (1985, p. 457) reported a "continuum on cascade of services describes the environments presently available to children labeled 'behaviorally disordered'." This cascade of services was found in regular classrooms, resource rooms, self-contained classrooms, special day schools, re-education schools and residential treatment programs.

Brendtro and Mitchell (1981) described the Starr Commonwealth alternative school program. An alternative school program for secondary school behaviorally disordered students - the Elmwood Center - was described by Dembinski, Rossi, Valenti and Chambers (1981).

Elton B. McNeil (1957) edited an issue of *The Journal of Social Issues* that was devoted to therapeutic camping for disturbed youth and should be a must reading for those of us in ANYSEED. Many of the ideas and theories related to working with and educating emotionally disturbed youth in the writing of William Morse, Fritz Redl and David Wineman were developed at the University of Michigan Fresh Air Camp program described and discussed by a number of authors.

Recently, the State Education Department (Division, 1988) published a listing of all the "alternative learning environments" in New York State. From personal knowledge, many of the reported alternative programs serve emotionally disturbed youngsters.

Interestingly, how you define a traditional program as compared with an alternative program may affect how you see and define such programs. For example, someone write a critique of the first edition of *Ribbin'* (Foster, 1974) and referred to my sixteen years of teaching in various New York City "600" Schools as teaching in alternative schools in New York City. Interestingly, I had never thought of the "600" Schools as alternative schools.

I guess in those early days of the "600" schools we were all so busy and caught up in the excitement and adventure of both discovering ways of teaching our students while sometimes just surviving that we didn't have time to think about the kind of school we were teaching in, except that the teaching was tough.

This issue of *Perceptions* contains seven articles describing unique programs for educating emotionally disturbed boys and girls from around New York State. Each of the programs is different. Together, the programs reflect a high degree of professionalism providing a myriad of services around New York State. Authors were asked to please describe (1) the history of the program, (2) how the program operates presently, and (3) a look at the program's future.

The first article, "A Very Special Place: Therapeutic Camping at Ramapo Anchorage Camp" by Susan and Bernie Kosberg, describes a camping program that meets all the criteria of a therapeutic camping milieu and is located in the Hudson highlands. Susan Shove's article, "RISC - Raising Individual Self Concept: A Program of Girl Scouts - Indian Hills Council, Inc.,"describes a Girl Scout sponsored adaptive Outward Bound program for PINS girls and is located in the Southern tier.

Morton Bortner and Phyllis Susser's article, "The Herbert G. Birch School for Exceptional Children: How We Run It", describes a day school program named after a great teacher and researcher and is located in the Borough of Queens in New York City. Phyllis March and Diana Dantuono's "The Corey School at Pilgrim Psychiatric Center: A Holistic Approach to Special Education Within a Psychiatric Setting", describes a school that is one of the components of the rehabilitation services offered at Pilgrim Psychiatric Center located on Long Island.

Joel Klein, Art Jakubowitz, Susan Tureff and Nita Fierro's article, "The Clarkstown Alternative: The Birchwood School - A Therapeutic Day School for Emotionally Handicapped and Learning Disabled Students", describes a special school for emotionally disturbed youngsters sponsored by a central school district in Rockland County on the west side of the Hudson.

Lynne Gang's article, "The Last Stop of the Public School Express (A Special Program for Severely Emotionally Handicapped Children K-12 at Orleans Niagara BOCES)", is a very personal description of programs in a BOCES in Northwestern New York State. Richard Brennan, James Maloney and Beverly Burke's article, "Bringing Mental Health Services to Public School Programs For Students With Emotional Problems: Erie I BOCES", describes a unique and outstanding cooperative program in Western New York State.

All the articles are well-written and clearly informative. Indeed, the articles will also make us all proud of the high degree of professional involvement and programming for Emotionally disturbed students in New York State. My personal thanks to all the authors, and my thanks to Bob Michael for allowing me to edit the issue.

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FOOTNOTE

[1]According to Rosten (p. 456), schmooz is, "Both verb and noun, schmooz means a friendly, gossipy, prolonged heart-to-heart talk - or, have such a talk." See, Rosten, L. (1968). *The joys of Yiddish*. New York: McGraw-Hill.

MEMBERSHIP

It is the goal of ANYSEED to provide its membership with timely and useful information and training, as well as to act as an advocate, insuring the most efficient and appropriate delivery of services possible to individuals with emotional disturbance. In accomplishing these objectives, ANYSEED uses membership fees and annual conference revenues to support its operations. The membership year runs from September 1 through August 31.

Membership benefits include:

1. quarterly issues of PERCEPTIONS
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5. legislative advocacy vis-a-vis state standards and regulations governing people with handicapping conditions.

For further information concerning ANYSEED, please contact the membership coordinator:

Jim Burke
Sayville Learning Center
100 Greene Avenue
Sayville, NY, 11782

A VERY SPECIAL PLACE

THERAPEUTIC CAMPING AT RAMAPO ANCHORAGE CAMP

by

Susan Kosberg & Bernie Kosberg

Susan Kosberg is a "support" teacher at Blue Mountain Middle School. Hendrick Hudson School District. Peekskill, New York. Bernie Kosberg is the Director of Ramapo Anchorage Camp. Rhinebeck, New York 12572.

Imagine a place where children are laughing and playing; where children who have repeatedly met with failure are finding success; where children who have been social outcasts are making friends. Imagine a place where high school and college students can gain hands-on experience with special kids; where they can receive constant on-the-spot training; where they can be part of a diverse, exciting and supportive community. Ramapo Anchorage Camp is such a place.

Ramapo Anchorage Camp is a private, non-profit, therapeutic residential summer camp, serving each summer over 400 children displaying a wide range of social, emotional, behavioral, and learning problems. The children have been referred by social service agencies, mental health professionals, and educators from the New York metropolitan area.

The camp is located in Rhinebeck, New York. The 150-acre wooded lakeside setting with fifty buildings and numerous play areas is home for three separate programs. In May and June, our Mild Month Program for Pre-School Children serves about 100 socially disadvantaged preschoolers, ages 4 to 6. In July and August, we serve 160 campers, ages 6 to 16, each month.

Most of the children attending camp come from financially deprived homes and receive scholarship assistance. The camp receives outside funding from the Federation of Jewish Philanthropies, United Way, private foundations and other sources, including the parents of campers, who are charged according to their ability to pay. The Mild Month Program, however, is funded primarily from the camp's own reserves.

HISTORY

Camp Ramapo began in 1923 as a non-profit summer camp for forty poor and orphaned boys, as part of the Jewish Big Brother Association. In the early 1950's, two girls' camps from the Bear Mountain region - Bluebird and Anchorage - merged to form Anchorage Camp, and moved to the Rhinebeck site. In 1958, came the merger between Camps Ramapo and Anchorage to form one camp. During this time, there was a working farm with a cow, pigs, goats, rabbits, and lambs, which was later phased out of the camp's program.

In the early 1960's, came the advent of the individualized education program, along with many other philosophical changes. The one-to-one child/counselor program began, as did the individualized swim instruction program. The camp became increasingly more structured as more and more activities were added to expand the camp's program. In the late 1960's, a unique opportunity was introduced to the counselors - a credit-bearing college course in psychology, offered within the camp's structure.

In September of 1972, the Mild Month Program began with ten campers and four counselors. This one-of-a-kind program, which was met with initial reluctance on the part of many parents and social service agencies to send such young children to sleep-away camp, became and remains a unique success. Each year saw the addition of another bunk of Mild Month children. In 1988, 90 children attended the Mild Month Program, leaving a long waiting list of needy youngsters.

MILD MONTH PROGRAM

The Mild Month Program at Ramapo Anchorage Camp offers a four-week sleep-away camp experience for pre-school children between the ages of four and six-and-one-half years of age. To the best of our knowledge, it is probably the only program of its kind. This year, 140 children were referred by a variety of social service agencies including: psychiatric hospitals, therapeutic nurseries, shelters for battered women and children, and child development centers.

Children who are emotionally fragile, vulnerable, and extremely fearful are eligible for this preventive program. Children may be those who have been physically or sexually abused, children of battered women, children who are homeless, or children who are experiencing significant emotional turmoil.

The camp's goal is to provide a structured educational program designed to help the children develop the academic, communication, and social skills necessary for future school and life success.

At least four hours of educational programming are provided each day, including individual instruction, and small and large group experiences. Most of the 90 counselor/teachers are students from universities and colleges throughout the country, many from the New York metropolitan area.

The daily camp day begins with breakfast and bunk routines, during which time campers share responsibility for cleaning their cabins, review rules, and go over the schedule of the day in preparation for the variety of experiences they will be having.

Following bunk routines, half the campers attend an hour of education while others are assigned to various activities, such as hiking, arts and crafts, woodworking, boating, big wheels, trampoline, roller skating and motor skills. In the Education Center, education counselors focus on teaching basic skills such as color and shape recognition for four- year-olds, and letter and sound identification for the five and six-year-olds. Children are given individually administered achievement tests

to provide the baseline for developing an individualized program. Each child receives one hour of instruction with an education counselor every morning. Lunch and rest periods in the bunks follow.

Afternoon education consists of small group sessions designed to promote communication and participation skills. During the first thirty minutes, counselors typically take turns reading stories, asking about pictures, and leading songs. In the second segment, children are in small groups using a variety of educational toys and games. The last thirty minutes consist of supervised play designed to promote language skills.

Following dinner, half the campers receive an hour of "one-on-one" time, while the others have a large group activity. This special individualized time allows children to develop a close relationship with an adult and gives them an opportunity to work on personal skills.

A special program called "Talk Time" is available for children whose language skills are significantly below age expectations. Ongoing assessment for this program utilizes various evaluation methodology. The children who participate in Talk Time may work individually or in pairs with one or two student speech/language pathologists. They participate in activities directed toward improvement in speech and language through real-life and play activities, as opposed to isolated drill.

The central objective for the children in Talk Time is developing greater ability to understand and use language, e.g., to be able to appropriately request objects, obtain information, greet others, express their own needs and wishes, correctly label familiar objects, body parts and actions, maintain eye contact, and develop a sense of self and confidence.

At the conclusion of camp, parents visit and the counselors review each child's progress. A written evaluation and follow-up plan are sent to the referring agency.

Staff training is essential for the success of the program. A variety of topics are covered in the week-long training, including: health and safety, discipline which focuses on preventive techniques and positive reinforcement, leading activities, rules, and spotting the "invisible" child. Since nearly half the counselors return each year for Mild Month, new counselors are paired with veterans when assignments are made.

This year a new concept was added to the Mild Month program - a visiting day during the middle of the Mild Month session. Over 125 parents and guardians visited their small campers and participated in two 45-minute workshop sessions run by the administrators and a professional social worker who specializes in working with vulnerable young children. During these workshops, parents expressed their feelings about being away from their children, and learned about the Mild Month Program. Several therapists present on that day marvelled at how well parents and children were able to relate to each other in a structured, positive environment.

Other recent improvements in the Mild Month Program include: the addition of several new activities - music, dramatics, cooking, nature hikes; concentration on individual table manners instruction during mealtimes; an increase in the number of education periods to accommodate the high numbers of campers; "resource" counselors to allow for more individualized attention for the children and assistance to bunk counselors; counselor training more focused to address the needs created by the special problems these children may be experiencing due to their extreme life situations; and lastly, a new checklist was devised for this year's Mild Month to measure children's social skills, reading readiness ability, and other functions. The checklist was used as an assessment to determine progress at the end of the session, as well as serving as a guide for parents so that they would know what to work on with their children when they returned home.

The Board of Directors has committed itself to working with this special and extremely needy population of children. They are very supportive and enthusiastic about the Mild Month Program, and have authorized a future enrollment increase to 98 campers.

Over the years, Ramapo Anchorage Camp goals have remained the same: to help troubled children in a supportive environment, and to train counselors in the helping professions.

SUMMER SESSIONS

At Ramapo Anchorage Camp, the children are grouped by age and behavior into bunks of seven, with three live-in counselors. The campers travel as a group to all activities, except during evening "free play", when he or she can move about independently. The setting (milieu) is the bedrock upon which all therapy is based. An organized, safe, predictable, and involving environment allows positive growth and behavior to flourish. The enriched daily program includes over 30 activity areas. Ranging from hiking, to swimming, to cooking, to photography, to motor skills, to video taping, to computers, to overnight camp-outs, they greatly enhance each child's ability to grow and develop while having fun.

EDUCATION PROGRAM

In July and August, there is a daily, one-hour, individualized Education Program for each child. Last year, the focus of the Education Program was geared away from skills remediation and towards utilizing the camp as a total learning environment. This "core curriculum" approach to learning, combined with a utilization of the many and varied resources available to draw upon at camp, resulted in an extremely successful program. Campers could be seen with their education counselors taking camp-wide surveys, conducting nature studies in the "learning lab", running an all-camp education fair, making their own books, participating in cultural awareness activities, charting the weather and building weather instruments, writing and publishing the weekly camp newspaper, evaluating camp menus for nutritional value and camper appeal, or working in the new, fully-equipped computer lab.

Education counselors are given direct supervision and work in teams, thereby benefitting from each others' strengths and supporting each others' weaknesses, learning from each other and from the children.

The Education Program has proven invaluable in convincing children they can learn, that learning can be fun, and in helping them compensate for previous difficulties and failures by being successful learners.

SWIM PROGRAM

And what better success is there to a child at summer camp than to learn to swim? The enthusiasm generated at the Ramapo Anchorage Waterfront is a joy to behold! Four experienced and highly capable waterfront administrators,

together with thirty energetic and well-trained waterfront counselors, are responsible for the safety and individualized swim instruction of over 300 campers each summer.

And the campers learn to swim! Even the most fearful youngsters make remarkable progress. Following Red Cross standards, campers progress through as many as six phases of formal, one-to-one swim instruction, receiving an incredible amount of positive reinforcement along every step of the way. This ranges from rousing rounds of singing, applause and hooplas from all ("Let's have a great big Ramapo hooray for Johnny Jones who put his face in the water for the first time today!") to putting your name in the Ramapo Waterfront Swimming Book, moving your representative "fish" upwards on a camp-wide picture chart, receiving a Red Cross swimmer's card, getting a warm, wonderful hug from your proud swim instructor, and finally to the real self-satisfaction that comes with personal success.

MILIEU THERAPY

A unique aspect of the camp operation is the widely acclaimed "one-on-one human contact approach"; the counselor staff is numerically equal to the camper population. These counselors are students from all over America who bring personal warmth, enthusiasm, and dedication to the camp. Such a motivated staff is a tremendous asset since the one-to-one ratio provides the capability for true milieu therapy.

What makes Ramapo so therapeutic? Through a highly structured, carefully organized, success-oriented environment, exceptional campers are offered a "normal summer camp experience." The camp structure is designed to simultaneously meet the individual needs of every camper and provide activities which are fun, yet foster the development of group interaction skills. Consistent structure and security are guaranteed for children whose lives are often disorganized and chaotic.

The camp approach is reality oriented and utilizes many and varied behavior management techniques. Children learn that their actions have consequences, and that socially appropriate behavior is ultimately more rewarding at camp. Children are taught more adaptive ways of coping with problems.

Most importantly, the therapeutic task centers on repairing a youngster's feelings about himself. By offering a child a relationship in which he can genuinely feel his worth, finding ways around and under the hurt, we can help him achieve competence in the skills he lacks. Competence and self-esteem are so closely related that helping one invariably helps the other.

Thus, troubled children are not "cured" at camp, but they are given a wonderful opportunity to strengthen their self- esteem, learn new skills and behaviors, and build relationships through successful experiences.

COUNSELOR TRAINING/COLLEGE COURSES

All counselors participate in a week-long pre-summer orientation training, and supervision continues in both formal and informal ways throughout the summer. Many counselors also participate in college courses that are given at camp. Quite a number of Ramapo Anchorage counselors go on to highly successful careers in special education, social work, or related human service fields.

Syracuse University, Vassar College, New York University, and the State University at New Paltz have all offered credit courses in psychology and education to fieldwork students and to our staff in recognition of the valuable learning and work experience received at our camp. Many counselors receive credit from their home university for their work at camp.

During the four-week Mild Month preschool session, a communication facilitation program called "Talk Time" is conducted as a six-credit, on-site clinical experience for graduate and advanced undergraduate students, at the State University of New York College at New Paltz. Nearly all of the students are majoring in communication disorders and are supervised by his or her professor.

Also offered during Mild Month is a nine-credit fieldwork program entitled, "Practicum with Emotionally Disturbed Children," again through the College at New Paltz. Students spend three full days at camp for orientation and training, and 28 days working as camp counselors, supervised by the professional staff at camp. Students meet with the instructor for seminars at camp, do assigned readings, participate in class discussion on case presentations, and take a final exam based on lectures and required readings. The practicum offers a unique opportunity for students to: (1) learn how theory can be applied in solving real-world problems; (2) acquire skills and knowledge from agency professionals that are difficult to obtain in a classroom; and (3) try out career options, develop professional contacts, and get a chance to demonstrate their ability on the job.

In 1987, the Counselor Training Institute was first implemented. Through this training institute, two three- credit courses are offered concurrently each summer. The courses are certified by the State University of New York College at New Paltz. One course is directed at bunk and specialty counselors - "The Psychology of Children with Behavioral Disorders." The other course is directed at education counselors - "The Education of Children with Learning and Emotional Disabilities." Coursework is provided through several phases: (1) formal coursework during counselor training week, including lectures, tutorials, and readings; (2) fieldwork and consultation throughout the camp session; (3) a planned series of "Scholars' Weekends," bringing leading educational and mental health practitioners to camp for seminars and informal meetings; and (4) overall assessment of the counselor's functioning by the camp director, including a personal interview and written evaluation. At the successful completion of the course, counselors receive a Counselor Training Institute Certificate, with their area of specialization inscribed.

Another excellent addition to the college courses offered at camp is the "Brooklyn College Child Psychology Summer Institute at Ramapo Anchorage Camp." Approximately twenty undergraduate psychology majors at Brooklyn College participate in an augmented program beyond the regular intensive training program and rigorous counseloring experience. They enroll in two three-credit courses through Brooklyn College: (1) a reading course focused on the family, school and therapy experiences of emotionally disturbed and learning disabled children; and (2) a field placement course which further structures, through assignments, their counseloring experience. These two courses plus the additional three-credit psychology course from SUNY/New Paltz, serve as a solid educational experience, granting nine credits to talented and serious New York City college students.

This institute enables urban undergraduates to participate in this rich educational environment despite the fact that there is so little financial remuneration. It helps them to solidify their professional goals, primarily in the fields of clinical psychology and social work. On the other hand, because Brooklyn College's undergraduate student body is multicultural, these students help to increase the diversity of counselors, ensuring a racially integrated staff. This is particularly important for a camp which serves urban special education children who are themselves culturally diverse. In addition, the Brooklyn College faculty are available for general educational purposes to the entire camp staff, contributing to the overall intellectual climate of camp.

RESEARCH

Another area ventured into at Ramapo Anchorage Camp has been that of research. A paper was presented at the American Psychological Association's International Conference in Summer, 1987, citing the results of a research study conducted at Ramapo during the summers of 1986 and 1987. Eighty-two emotionally disturbed children, ages nine to thirteen, were sampled for this study. Children's behavioral adjustment to camp was assessed by camp counselors who completed a Child Behavior Checklist at the beginning and end of camp. During the first week of camp, children were given the Harter "What I Am Like" self-perception profile for children. Campers retook the profile during the last week of camp. Results indicated that improvements in self-esteem were accompanied by improvements in behavior after the camp experience.

In addition to camper research, a study was begun in 1987 on counselor goals and expectations. Counselors were asked, during training, to list and prioritize their goals upon coming to work at camp. At the end of the summer, they were asked to use their original goal sheets to determine whether or not their goals had been met, and to state what about camp had helped or hindered the accomplishment of the goals. The information gathered through these questionnaires was used to help make improvements in training practices, the content of the college courses, and camp leadership structure. Plans are to continue and expand this counselor research.

ADVENTURE-BASED OUTDOOR EDUCATION

Still more innovative programming is occurring at Ramapo Anchorage Camp in the area of outdoor education. In hopes of expanding the camper activity program, several staff members, after taking courses with Outward Bound Inc. and learning about Project Adventure, are introducing an exciting adventure-based outdoor education program to Ramapo Anchorage campers and counselors.

Selected bunks of campers have been busy clearing sites, constructing lean-tos using primitive tools, and building and testing out initiative courses, in which campers have to work together to solve problems, such as getting over a simulated "electric fence," or getting through an elaborate obstacle course made of ropes. These "adventure activities" are being incorporated with nature hiking and overnight camp-outs.

Some of the goals of the program are for campers to learn to work effectively as a group, build trust, overcome fears, and enhance self-concept.

WORK EXPERIENCE/TRAINING PROGRAM

What happens to Ramapo Anchorage campers when they get beyond camper age? An exciting innovation at Ramapo this year attempts to answer that question. For the first time, former campers, 14 years and older, have been carefully selected and hired as Service Staff - to work as kitchen assistants, waiters and waitresses, groundskeepers, assistants to specialists, office workers, and as general maintenance crew. They are given a great deal of individual, on-the-job supervision, guidance and support, as well as participating in frequent group meetings which focus on: learning routines, developing good work habits, getting along with fellow workers, dealing with supervisors, knowing how and when to ask for help, and so on. At the end of the 9-week program, a final work experience assessment will be conducted with each participant.

The primary objectives of this Work Experience/Training Program are to assist young people who have been former campers at Ramapo to achieve their first successful job experience and to develop good work habits, and to encourage an understanding, satisfaction, and appreciation of the work experience. However, this experimental program is proving to be beneficial both to the Service Staff themselves - they get to see themselves as responsible, competent, contributing members of society, while they are enjoying the privileges of being on staff - and to the older campers who are given something to look forward to and work towards. The camp staff, too, can benefit greatly by being able to see a positive future for the children they are working with, so they can help them to attain the skills they will need to get there.

ALUMNI COMMITMENT

Ramapo Anchorage alumni feel a common bond of warmth and affection, as well as a strong and long-lasting commitment to the place where so many fond memories were born - of growing up, of assuming responsibility, of feeling important and needed, of giving, and sharing, and learning. Former counselors are continuously visiting camp to reconnect with an uncommonly important and formative experience in their lives. The formation of the Alumni Council several years ago has been responsible for alumni reunion weekends, fund- raising campaigns, and a harnessing of time, talents, and energy to help camp - former counselors participating in a spring cleanup at camp, running group sessions during counselor training week, offering assistance in whatever ways they can.

CONCLUSION

Ramapo Anchorage Camp is a very special place, indeed. Special for the children who come here to spend a summer in a caring and loving atmosphere; and special, too, for those who are with these children day after day, seeing the progress made, seeing smiles on formerly guarded faces.

Imagine a place that infects people with its spirit and joy and love of life. Ramapo Anchorage Camp is such a place.

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RISC - RAISING INDIVIDUAL SELF CONCEPT

A PROGRAM OF GIRL SCOUTS - INDIAN HILLS COUNCIL, INC.

by

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RISC, an acronym for Raising Individual Self Concept, is a program of Girl Scouts-Indian Hills Council, Inc., that challenges girls to grow, to change and to succeed through a unique therapeutic wilderness camping program. RISC is a cooperative effort of the Girl Scouts working with over 40 schools, eight county agencies in four counties, families and other human service providers to reach girls who are at risk of becoming teenage mothers, school drop-outs, juvenile offenders and unproductive citizens. RISC provides girls with a three-week therapeutic camping program and a volunteer adult friend for at least six months following the camping experience.

RISC offers parenting education for families, follow-up support and advocacy for the girl to reenter school with positive goals. RISC helps each girl to take responsibility for herself, deal with reality and cope with problems through learned problem solving strategies.

RISC has been operating for eight years. It was founded in the fall of 1980 by Girl Scouts-Indian Hills Council in cooperation with the Broome County Youth Bureau and the New York State Division for Youth. RISC was expanded in 1981 to serve girls in all four counties served by the Girl Scouts: Broome, Chenango, Otsego and Delaware. Funding came from all four county youth bureaus as well as many private sources. RISC has made a number of program changes but the models of Experiential Education and Reality Therapy remain intact.

The ideal goal of the program is to raise each girl's self concept so that she feels sufficiently good about her abilities and can behave in a responsible and socially acceptable manner. Following is information on the needs of the girls, the coordination of services and the application of a therapeutic wilderness camping model that incorporates reality therapy and experiential education.

GIRLS' NEEDS

All girls eventually have to deal with the onset of menstruation, the physical development of their bodies and the overwhelming reality that they can now produce a new life. During adolescence youth also begin to question values, take pride in their appearance and take more responsibility for themselves. According to psychological theory, a person cannot continue to grow and mature unless basic needs are met. These needs can be real or perceived needs. In an era when girls are told that they can dream big, choose from all of the career options available and raise a family also, many girls are simply overwhelmed with getting through each day.

Due to poverty, single parents, poor peer choice and many other factors many girls cannot even begin to face each day and overcome small obstacles. These girls are insecure, unable to deal with daily routines and school work, and move from crisis to crisis. A typical girl referred to RISC may be failing three subjects in school, have no friends, be responsible for siblings after school and feel that her mother, a single parent of four, doesn't even care enough to listen to her. All of these issues are dealt with openly and honestly with girls and parents.

None of the girls involved with RISC (or considered "at risk" youth in the schools) have just one problem that is easy to identify and solve. Frequently recurring patterns of girls and families referred to the RISC program may include any number of the following identifiable symptoms:

Recent death of parent or separation/divorce in family.
Few or poor parenting skills - parents see no difference between child of 8 and youth of 14.
Parent(s) are substance abusers.
Girl learning disabled, classified in some manner for a specific learning or behavior problem in school.
Girl failing in school, no goal beyond turning 16 and dropping out.
Girl extremely withdrawn.
Girl has total responsibility for cooking, cleaning, caring for siblings and parent.
Parent has live-in girlfriend or boyfriend.
Family living at or below poverty level.
Girl culturally deprived.
Parental attitude toward education is negative, many times with the insinuation that a girl will just get married and pregnant so school doesn't matter.
Family unable to verbally communicate.
Girl not willing to take direction, rebellious toward authority.
Disabled parent or sibling.
Family has history of child abuse/neglect, sexual abuse.
Girl often tardy or truant from school.
Girl promiscuous.
Family history shows pattern of teen pregnancy, school drop-out in older siblings.

All of the above lead to the girls' inability to cope and solve problems. At a time when normal adolescent feelings and behavior are often confusing, these extra pressures compound the problem. It is, therefore, easy for the girl to quit by running away, arguing or becoming involved with drugs, alcohol and sex.

The women's movement, which empowers girls and women to

take control of their lives, does not reach into the lives of those living in poverty. The poor are struggling to survive and meet the basic needs identified by William Glasser (1965) in Reality Therapy. These include the need to love and be loved. A pregnant teen feels that, finally, this baby will love her and meet her needs. She will get a dose of reality with this child. Unfortunately, statistics are very high for children of teen parents to be abused, neglected and troubled.

COORDINATION OF SERVICES

As can be seen thus far the problems are complex and therefore the solution must include many components. When a referral is made to the RISC program for preventive services, an attempt is first made to communicate with the family, referring agency and all other service providers that currently interact with the family. The family and girl voluntarily participate in the program.

All agencies, particularly the school, must be willing to work cooperatively. The school must agree to release the girl from classes for the three week camping trip, supply a health record, and provide school work for the girl to do while she is away.

The parent(s) agree to attend the trip orientation with their daughter, participate in parent meetings and allow the volunteer to work with their daughter following the trip. Girls must be willing to admit some problem behavior and must agree to stay with the group for the three week period.

A separate human service agency works with the Girl Scouts-Indian Hills Council to provide the parenting education component of the program. Staff from both agencies have input into the parenting program. The content of the program varies according to the specific needs of the group. Included in all parenting education programs are communication skills, problem solving, discipline alternatives, role modeling and the use of the Reality Therapy model. Communication skills are practiced through role playing at the last parent meeting when girls are reunited with their families.

A case study of a girl referred to RISC, and the interaction among agencies might be as follows: the girl, age 13, lives with her mother and brother, age 10, in a house that on most days would be judged unsuitable by the local health department. Mother works the day shift, leaving in the morning about one hour before the school bus arrives to take the youth to school. The girl and her brother go to a babysitter in their small town after school, but this woman does not coordinate any homework schedule with the mother. When the two return home, the house is a mess, Mom is tired and everyone is hungry. No one wants to begin dinner or clean up and most evenings a screaming match occurs.

The girl is two years behind grade level in school due to a physical disability when she was a young child. She is currently failing in school due to lack of motivation, lack of study skills and very little structure in her life.

The father lives in the area but has no consistent interaction with either child. The school has tried to get the mother involved and set up some kind of incentive for school work accomplished, but the mother does not follow through. The constant arguing is usually over nothing, but the mother sees it as a threat to her authority. The school makes a referral to RISC after reviewing other options and deciding against a PINS petition (PINS refers to Persons In Need of Supervision and is used for Family Court action).

Once RISC received a referral on the above case a meeting would be held with the school as the referral agent. If the referral met the program guidelines staff would then meet with the girl and her family to begin the intake process. If during this phase the girl and family were interested in participation a list of other agencies interacting with the family would be obtained, along with a release to speak with other service providers. All other agencies (sometimes this is a private counselor) would be contacted about the appropriateness of this referral. If all agreed that it would be a positive growth experience for the girl she would be accepted into the program and slotted into a trip group with other youth her age.

The family, school and other service providers would be notified in writing about her acceptance and the dates of the trip provided at this time. Coordination for rides to orientation and parent meetings would be worked out for those lacking transportation. Many times carpooling is possible with other families. RISC staff, social services staff and volunteers also transport girls and parents.

Although time consuming, this process of coordination of efforts is absolutely necessary. The final result of the process is open communication among all service providers and the family involved. This will usually result in a good placement for the girl, continued advocacy once the girl returns to school and a positive trip experience.

THERAPEUTIC WILDERNESS CAMPING MODEL

The camping component of the program is based on a model of Experiential Education developed by Outward Bound, Inc., and Reality Therapy, developed by William Glasser. Both models are educational processes based on successful relationship building and successful accomplishment of new skills. Both models reach responsibility for self and others and use involvement as part of the educational process. The camping component is an intervention model, giving the girl a short time to take a look at her own behavior, giving the parent(s) time to look at their relationship with this youth, and giving all an opportunity to try new behaviors. This "short" time is highly structured, involves many new challenges for the girl and is totally structured for success.

Experiential Education is the process used by RISC. The girl is placed in a unique social and physical environment. Few girls know each other before the trip and seldom do any of the girls have any camping experience. It is also unique in that the group is made up of nine girls and three female adults.

The girls spend most of the first week mastering skills and doing tasks that are achievable. Positive feedback for accomplishment of tasks is immediate. Tasks range from cooking dinner for the total group to getting the total group over a 10 foot vertical wall at the obstacle course.

The accomplishments are discussed and specific items are referred to throughout the rest of the trip so that a transfer of learning can occur. The group learns problem solving along the way by solving real problems that arise. Problems are broken into small achievable parts. This whole process also includes verbal and written communication skills as the group works together, produces a trip newspaper and sets goals.

Reality Therapy, the other model incorporated into the trip, is a very systematic approach to problem solving and changing unwanted behavior. Behavior changes are accomplished through the group "huddle-up" which occurs any time there is

a problem. Changes also come about through individual goal setting. It is a process by which the individual or group must identify the problem, make some value judgments about it and make a plan to practice new behavior. The first step in Reality Therapy is relationship building, which is ongoing throughout the trip, 24 hours a day. The end result of Reality Therapy is that you never quit. If the new plan doesn't work, you try again or come up with another plan. By the end of the trip most girls have made tremendous gains in many areas of personal behavior management.

The actual trip process can be broken up into two components. The first component simply divides the trip by activity. (1) Base Camp - skill building; (2) Wilderness component - backpacking or canoe camping, use new skills; (3) Educational Field Trips - practice socially acceptable behavior; (4) Base Camp - debrief and set goals for returning home, last chance for transfer of learning, trying new behaviors.

The second component breaks up the trip based on behavior. The behavior component can be seen as follows: (1) Good Behavior week - lasts from day one through days three to five depending on the group. Learning skills in a new routine with new people keeps individuals on their toes. (2) Breakdown of behavior - next three or four days. As the girls become comfortable in the group and stressful situations arise, old methods of coping are tried. These methods are hard to give up as they are habit and have always worked in the past. (3) New behaviors - remaining days. The girls begin to try new behaviors, to set and achieve daily goals. Relationships and trust build. The night before the wilderness trip is a turning point, as is the end of the wilderness trip. The backpacking or canoeing trek is an opportunity to accomplish something big, that very few peers would even attempt. (4) Behavior breakdown - last two to three days of the trip. As the trip draws to a close and the girls face the reality of going home, some are incapable of maintaining new behaviors. They can accept the change that they have made within the RISC group, but they are not sure how their family and peers will accept this change. A real sense of group and individual pride usually forms during the last few days.

No matter how the trip is broken down, structure, daily routine and constant moving of the campsite provide both continuity and change for the group. Decisions are made by the group. These include wake-up and bedtimes, as well as planning for changes in group and individual behavior. Group rules are decided upon collectively on day one and modified as the trip progresses. Any person can call a "huddle-up" to solve a problem, express discontent or decide on a menu change. Safety rules are the only rules enforced by staff and all must abide by these or the group goes nowhere.

Each evening ends with a "pow-wow", a group sharing of the positive events and experiences of the day. It is a validation that each person is important and that each person has successfully completed the day. Mealtimes are begun with a song of thanks and everyone eats together. Daily chores are shared according to a set plan. Everyone learns to work with everyone else. The girls learn that even if they are not working with their best friend or favorite counselor, the work must be completed.

Journal activities are structured discussions and activities about pertinent topics. These take place each evening and include such issues as step-parents, sexuality, rape, substance abuse, relationships and other health/mental health issues. In participating in the activity, non-verbal permission is granted for girls and staff to discuss personal issues that girls need to resolve. Although Reality Therapy is based on changing current behavior, old behaviors must often be discussed. This is done so that girls can express past experiences and recognize that these experiences are often used as an excuse for current poor behavior.

Routines, play, scheduled program, school work, evening journal activities and service projects for others are all part of the trip and contribute to the total experience. Each girl takes back different perceptions but all take back new friends, new accomplishments and new goals.

Throughout the RISC program, girls are given the opportunity to help restructure their behavior and are given the support services in follow-up to maintain these positive changes in behavior. Research of the RISC program has found an increase in the self concept of participants and the maintenance of this increase over time. The program has a measured success rate of 65-70% based on participants finishing high school, not becoming teenage mothers and not getting in trouble through the family court system or juvenile justice system.

In a 1985 survey, the following two statements were made about the program. The first is from a school. "Our 4 years of experience with the program have yielded many successes and we are impressed with its continued development and refinement in areas of academic content and follow-up. RISC is an integral part of our Pupil Personnel program."

The second is from a participant. "After RISC I found it easier to deal with most of my school related problems due to post trip counseling. I found myself taking responsibility for my actions and taking positive steps to improve myself. I have a full time job ... which I have held for over 3 years ... RISC is a positive, helpful program giving young women the means to find their own self worth."

RISC, as a program of Girl Scouts-Indian Hills Council, will continue to serve girls who need special help in becoming responsible adult citizens. It is a validation that an experiential program provides the framework for positive behavior changes in girls.

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THE HERBERT G. BIRCH SCHOOL FOR EXCEPTIONAL CHILDREN

HOW WE RUN IT

by

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The purpose of this paper is to describe a school and some of its theoretical underpinnings. A little history first. In 1975, the New York Association for Brain Injured Children, a parent organization, discontinued the Pathfinder School, a small independent demonstration program for approximately 35 learning disabled young children. The quality of the school was such that the New York State Education Department encouraged and funded its continuation with the condition that the administrative and teaching staff remain intact. The Pathfinder School name was changed to the Herbert G. Birch School for Exceptional Children, and its scope was widened to include children with retardation (mild, moderate and severe), behavioral and emotional difficulties, psychosis, autism, speech and language impairment, and brain damage with and without seizures. The name Birch was not adopted lightly, and indeed had a metaphorical significance for us beyond the opportunity it presented to show our love and respect for a great teacher of psychology and world class researcher in the area of mental retardation. Birch, the man, represented an ideal in his concern for the undeserved, the minorities, the poor and the handicapped, and that was what we wanted the school to represent.

Since that small beginning in 1975, the school has grown and become an agency serving 300 clients and which now includes an elementary school, three early childhood programs and two group homes. Shortly, the agency is scheduled to begin a comprehensive care program for developmentally disabled children with AIDS or HIV infection which will include a residence, day care, medical treatment, foster care placement and advocacy. This article, though, will describe only the functioning of the day school programs.

A very large number of considerations go into the making of any school, and these include (at least): the nature and quality of its teachers, its supervisors and administration, its space and location, its financial, political and parent support, its students, its curriculum, its goals and reason for being, its morale and its philosophy. Without a guiding philosophy, all the other ingredients, even when of good quality, cannot transcend mediocrity. Special education is too important and too complex to function well without a conceptual base. We accept Skinner's (1972) challenge that, "Those who are genuinely trying to improve education have...a frightening responsibility, but they face a tremendous opportunity." (p. 239).

Skinner called the classroom a community with its own culture, and urged that we find effective means of social control so that we might produce a classroom culture in which the child's potential was fully realized. Of course, we know that the culture that he aspired to, one in which learning was optimized, could be achieved by some version of behavior analysis and modification principles. Indeed, such principles are incorporated into the functioning of the Birch schools, but even Skinner's vision of classroom control has proved to be too narrow, and a broader view will be presented.

A BEHAVIOR MODIFICATION CULTURE

The educational goals for all children, independent of diagnostic labels, are to reduce their developmental lags, increase their functional levels and thereby increase the probability of successful integration into the community. These are large goals and cannot be achieved through successes in the classroom alone, or through the classroom teacher alone. Everyone in the school, including all related services (speech therapists, psychologists, occupational therapists, social workers), educational supervisors and various administrators have contact with or influence on the child's development. Without agreement on methods to achieve commonly shared goals, there could be no child progress. Therefore, decisions are data based.

The methods utilized to achieve goals are group oriented and largely based on positive reinforcement procedures including primary and social reinforcement, token economies, contingency management, and extinction procedures aimed at decreasing unwanted behaviors. When group management is insufficient an individual plan is adopted. Baseline data and frequency counts following interventions permit objective assessment. The individual plans build on developmentally and socially appropriate behaviors and reduce or extinguish maladaptive behaviors.

Distinctions are made between maladaptive behaviors which usually require the interventions of related services and poor progress in academic goals. The former include such behaviors as social aggression, self-abuse, self-stimulation, unrelatedness and interpersonal inadequacy. The latter include failures to learn, whether reading, writing or arithmetic on the one hand, or activities of daily living and socialization skills on the other. These are considered the province of the teachers, and interventions are their responsibility although, of course, they may consult with related services staff.

These are often arbitrary distinctions since the failure to learn cannot always be separated from maladaptive practices, e.g.,

autistic self-stimulation will interfere with the child's attention to classroom learning activities. Ultimately, the teacher is the epicenter of all behavioral strategies since the proof of the pudding will be in the classroom, whether the teacher is personally responsible for carrying out a recommended intervention, whether related services are responsible, or (more likely) whether both are involved. But, who recommends the behavioral strategy to be tried?

While it is true that most psychologists and educational supervisors are more familiar with behavior modification principles than other professional staff, the buck does not stop with them. We want the entire staff to be thoroughly familiar with these principles and therefore require that all teachers and assistant teachers, related services, and other staff attend in-service training and learn basic behavioral therapy.

IN-SERVICE TRAINING

The in-service training program of didactic lectures and workshops encompasses a variety of professionally relevant topics including such issues as medically prescribed drugs and their effects and side effects on children's functioning, special topics in child psychopathology such as autism, hyperactivity, attention deficit disorder, seizure control, major relevant DSM III-R diagnostic categories, curriculum in special education and other subjects. Special attention is given to training in the principles of behavior modification.

The idea of "data collection" and the meaning of "objective, measurable events" is viewed as critical to the optimal functioning of teachers in this setting, since without these ideas, teachers (as well as others, of course) will make complex and sometimes incorrect inferences when recognition of simple objective events is often all that is required. Much attention is given in in-service training to the distinctions between a palpable event and over- interpretation of the event - a distinction that turns out to be, for many, surprisingly (and sometimes distressingly) difficult.

Apparently, there is much in our mental-health oriented society that encourages one to "see" a disturbed child as "insecure" or "anxious" as if these terms explained anything. These terms have become cliches. The label has become a foggy substitute for an objective analysis of behavior and tends to cut off further inquiry.

In our in-service training, we continually pose the following questions: "What does the child actually do? How are we going to measure it? How do we know we've accomplished what we set out to do?" Often, the all-too- ready answers are formulated in terms of complex inferences that go far "beyond the given" event. Therefore, we feel it to be a great accomplishment when we have taught our staff how to be objective.

Such in-service provides the staff with the background necessary for them to participate actively and intelligently in interdisciplinary team meetings for the purpose of planning and carrying out behavioral assessments and interventions.

The intrinsic value of group participation where everyone has the opportunity to influence a decision is enormously facilitative to group morale. The importance of informing a decision with the professional expertise of all relevant disciplines is self-evident and requires no additional justification. As Bortner (1979) said:

> No one doubts that solutions are prisoner to the formulation of the problem. Teachers formulate 'educational' solutions, psychologists formulate 'psychological' solutions and so on. The team meeting, by providing a variety of views for everyone to absorb, makes it possible to reformulate the problem from a somewhat more holistic perspective, and this frees each professional from the limitations of his own discipline. (p. 26)

Nevertheless, there is a danger inherent in this process. A "group" decision is sometimes little more than a masked individual decision in those circumstances where a particularly strong individual pulls everyone along. Of course, one does not throw out the baby with the bath water, but it is important to be on the alert, as in democracy in general, to individuals who would distort the decision-making process in their own image. The group decision is best when based on the multidisciplined reformulation of the problem and when it is informed by data from all sources.

There is another less frequently recognized value to interdisciplinary team meetings that is used at Birch, and that is for in-service training. Solutions to practical problems are not the major focus of such in-service meetings. Instead, the purpose is to bring together a variety of professionals who bring different concerns, skills, orientations and perceptions to the discussion of a particular child. It is unavoidable to have such a meeting without child problems and solutions emerging, and they are, of course, welcome, but the underlying goal is to get professionals to listen to each other. If the teacher can learn to think about the child in a manner that incorporates the concerns of such related disciplines as speech and hearing, occupational therapy, psychology and social work, his/her teaching cannot fail to be enhanced.

PARENT INVOLVEMENT

The very nature of behavior management requires that careful and consistent procedures be continued in the life of the child after school and in the home. Much research has confirmed that the successful integration of parents into behavior management programs enhances the training of adaptational skills in children (Susser, 1974). Although much of the work was concerned with autistic children (Schopler, 1978) the implications of this work are clear for all handicapped children.

There had been a mythology which viewed parents as the cause of their autistic children's disorder, and this regressive view of child development had to be overcome before it became possible for such workers as Lovaas (1978) and others to conceive of incorporating parents into a treatment plan. This pioneering work was successful in demonstrating that parents could be effective change agents and that they could, indeed, improve the adaptive skills of their children.

The literature on teaching parents to work therapeutically with their children certainly goes beyond autism and has been available for a long time and has included the broad area of retardation (Baker and Heifetz, 1976). In general, techniques for working with parents can be categorized into three areas: (1) formal instruction which takes the form of attempts to teach parents, through lectures and reading, those aspects of learning theory necessary to master the techniques of operant conditioning; (2) modelling procedures where the parents observe and emulate the work of therapists with their children; and (3)

parents are videotaped interacting with their children and later critique their performance with the help of a teaching clinician.

Work has been reported (Hemsley, et al, 1978) which demonstrated that it is useful to evaluate children in their home setting and then enlist the parents as "co-therapists", i.e., as therapists whose work with the child at home complemented the work of the therapist at school. Although this research was concerned with autistic children, the Birch school utilizes these procedures frequently for children with various kinds of handicaps. The limiting condition is not the diagnostic status of the child, but rather the interest, motivation and capacity of the parents.

Hemsley and his colleagues reported the therapeutic emphasis on improving social skills to increase the child's acceptability in his natural environment. In addition, parents were helped to modify their own styles of child handling, and emphasis was placed on a structured, consistent environment.

Clearly, such goals are applicable to the children at Birch. Our home programs have been formulated for selected parents in an attempt to help them apply what they have learned about behavior modification principles to frequently occurring problems at home such as tantrums, poor toileting routines, oppositional eating behaviors, and in general, those behaviors which make life difficult for the parent and parent-child relationships.

Formal instruction of groups of parents and attempts at teaching them the principles of data collection, behavioral analysis and operant conditioning so that they may continue the work of the school at home is a routine aspect of the Birch program. Videotapes of parent-child interaction have been used as vehicles for teachers, therapists and parents to continue the training of language at home in a manner consistent with the work of the school. Such procedures, when used, are not employed as doctrinaire solutions, but are always tailored to the abilities and values of the parents.

PARENT SUPPORT

Concentration on the children's adjustment difficulties does not blind us to the very real and highly personal parental adjustment difficulties. Often these struggles stem directly from feelings associated with having a handicapped child, but sometimes not. Parent's ability to cope with the extraordinary and onerous demands routinely required of them, is directly affected by their ability to adjust.

Individual counseling has always been available at Birch to parents who experience difficulty in coping, and indeed such supportive service probably characterizes all schools who serve children with special needs. But, beyond individual counseling, we have found the parents to be well served when offered the opportunity to express their experiences to <u>other</u> parents in group counseling meetings.

Several things happen at such parent meetings that have no analogy in individual counseling. First, some parents who are relatively non-fluent and who would find individual counseling difficult and/or threatening, attend such group meetings with notable regularity. Characteristically, they do not speak much but it is clear that they are listening. Their attendance records say a great deal about the value of these meetings to them.

Second, many parents, upon hearing the difficulties expressed by others, volunteer detailed "how to" descriptions of how they have dealt with similar problems. Such descriptions range from accurate portrayals of successful operant strategies utilized to achieve toilet training or to improve eating habits through more intuitive, psychodynamically informed advice.

Third, certain parents who wear heavy armor (who are well defended) and who intellectualize, and who are fluent (if not necessarily insightful) will expose their child rearing methods, expressing great certainty (but who are certainly incorrect) and find themselves the object of gentle but persistent and persuasive criticism from a number of other parents. Sheer numbers of disagreeing, but essentially supporting, parents exert powerful influences that even good counselors would find it hard to equal.

It should be noted here that these parent support meetings have a dual function of (1) education, and (2) supportive group psychotherapy. The conceptual base for either of these kinds of discussions shifts back and forth between a psychodynamic orientation when that seems appropriate ("My husband refuses to get involved in the care of our child. What can I do?") and a behavioral orientation when that seems appropriate ("My child is toilet trained at school, but not at home. What can I do?").

It is not merely fortuitous that this straddling of two major psychological orientations is permitted to occur; nor is it merely an overall pragmatic approach that offers "practical" (behavioral) solutions for certain problems, and more highly inferential (psychodynamic) solutions for other problems. Rather, the shifting back and forth between these two rather diverse psychological methods represents a conscious effort at integrating the two in the spirit of Wachtel's (1977) pioneering efforts. Moreover, whereas Wachtel confined his efforts to the scene of individual psychotherapy, we are trying to expand the horizon of this integration into a total school effort.

THE INTEGRATION OF PSYCHODYNAMIC AND BEHAVIORAL THERAPY

If a psychologist goes into the classroom to observe a child whom the teacher has described as experiencing interpersonal difficulties, what will the psychologist see? If the social worker visits the home of a child with an adjustment disorder in an attempt to evaluate the role of the family, what will the social worker see? Meehl (1973) made it quite clear that how we organize our impressions and where we look is inextricably tied to our theoretical orientation. Wachtel (1977) was even more explicit when he said there was an "infinite number of ways that the observational pie can be sliced" (p. 111).

The above questions and comments are shorthand expressions for conveying the idea that merely sending knowledgeable professionals into the classroom or the home hardly guarantees any reliability of observation. Who observes and what that person's theoretical orientation is will determine what he sees. Add to this the complication of the parents' investment in misperceiving, and their frequent inability to report with accuracy, then the task of objective observation and reporting appears still more difficult.

Without a school-wide theoretical orientation, the previously mentioned infinite number of slices of the observational pie would lead to chaos in assessment and intervention. Everyone would see something different; everyone would prescribe something different. A theoretical view that values both the external events of the child's environment and the internal events of his mind imposes order and makes for a kind of assessment and intervention that best fits the children of Birch.

Let us complicate the task of objective reporting (or evaluation) one more notch. A behaviorally oriented clinician has been trained to focus on the here and now, the observable and the measurable. Such a clinician, with an operant view of behavior, will look for the (observed and external) consequences of the child's behavior in an effort to understand what makes the child do what he does. On the other hand, a psychodynamically oriented clinician will look for cues to help make inferences about (unobservable, internal) motivational or affective or cognitive states that might explain what makes this child do what he does.

Note that one focuses on external events and the other on internal events. This contrast in where to look has been seen by many as the reason that psychodynamic theory and behavior theory cannot live together, i.e., that they simply are not interested in the same phenomena.

The behavioral emphasis on objectively measurable events happens to fit in nicely with a large proportion of difficult classroom behaviors that the children of Birch show: tantrums, self-abuse, aggressive and repetitive (obsessive) actions.

Another large proportion of adaptive difficulties occur in a realm that requires clinical inference and the services of dynamically oriented staff, and includes anxiety, depression and those kinds of maladaptive behaviors where the child's subjective experience is central to the disorder. The objective event in these latter examples is subjective, not palpable or easily measurable.

When a behavior difficulty of a relatively objective nature occurs, e.g., the child is assaultive, data is then collected and a behavioral management plan is composed. Likewise, when it is observed that a child appears "anxious" and is conspicuously unable to participate effectively in an educational effort, then the usual interviews with child and family take place and clinical inferences are made which lead in a predictable sequence to a psychodynamically informed play therapy. Nothing new about either of these two traditional but very different sequences.

An integration of psychodynamic and behavioral intervention may be said to occur in the following sequence. A mentally retarded child did not interact successfully with other children. Data was taken on his interactive behavior in class, e.g., initiating social contacts with classmates and a behavioral management plan was formulated. He was rewarded when he interacted successfully with other children. Our data indicated only minimal and slow improvement even after many different reinforcers were tried. We, therefore, were obligated to try other interventions. On what basis is a new intervention chosen?

We decided to look at variables we had not looked at before, namely, his history. We found that the child had been temporarily placed in a foster setting, in a strange neighborhood, with people he did not know, and that he had no idea how long he would be there. The ambiguity of his life situation was interpreted as promoting internal unclarity, which, in turn, interfered with his already limited capacity to socialize effectively.

Training in self-assertion was used to enhance his feelings of self-esteem, and in addition relaxation exercises were used to reduce body tension. Simultaneously, we continued reinforcing appropriate social behavior. These interventions resulted in his feeling much more comfortable with other children, and his social interactions improved considerably.

The integration of a behavioral and a psychodynamic intervention consisted in the fact that the formulation was essentially psychodynamic and highly inferential but the treatment was behavioral. Moreover, a modest amount of standard psychodynamic supplementary treatment was additionally valuable insofar as it helped the child to understand what was going on, and this self-understanding clarified (for the child) the significance and power of his own role and efforts at control. Or, in behavioral terms, the child learned that he is responsible for the consequences of his behavior.

Other forms of integration of the two approaches are practiced. Psychodynamically oriented play sessions may be interrupted, for however long it takes, to interpose a behavioral approach to a problem that is known to be amenable to such interventions. The discovery of a phobia in a child who is being treated in psychodynamic therapy would, e.g., warrant such an interruption.

The differences between the two approaches is more apparent than real. The reality is that both interpersonal theory and ego psychology have been quite willing to look at current (observable, external) events as a way of understanding maladaptive behavior. They are no longer bound by older psychoanalytic theory which held that current maladaptive behavior was based on earlier, childhood experiences. And, on the other side, behavioral therapists are increasingly willing to consider the role of subjective (non-observable, internal) factors. It follows from this that the possibilities for merger between these two approaches are much better than is commonly believed, and that there is no necessary conflict between them. On the contrary, the two approaches can be complementary, with one emphasizing the external event, the other emphasizing the internal event, but both recognizing the value of internal and external events.

We would suggest that utility will help in deciding which approach is most useful, i.e., certain problem behaviors will lend themselves more readily to analysis of observables, and other problems will suggest the need to search for intangibles. Indeed, there is nothing about these differences in emphasis which precludes utilizing the best of both possible (inner and outer) worlds.

SUMMARY

The philosophy of the Birch schools has been presented. The schools reflect a behavior modification culture integrated with a standard psychodynamic orientation. Like a good marriage, it is possible for these two very diverse approaches to live together successfully, with mutual respect, and with each bringing out the best in the other.

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FROM THE CHAPTERS

LONG ISLAND CHAPTER

A panel discussion about "least restrictive environment" was held by the Long Island Chapter. The panel included Mr. James Fogerty, Director of Special Education at BOCES 2, Suffolk County; Mr. Howard Brodsky, Director of Special Services, Brentwood School District; and Dr. Eric J. Weaver, Director of Special Educational Services, Middle County School District.

Congratulations to Alise Guarnaschelli and officers of the Long Island Chapter of ANYSEED.

WESTERN NEW YORK CHAPTER

The Western New York Chapter held a dinner with presenter Mr. James Fogerty, Director of Special Education at BOCES 2, Suffolk County, speaking on "Torte."

Congratulations to Cindy Feola, Chairperson and executive board members of the WNY Chapter of ANYSEED.

To submit chapter news, please contact:
Dr. Robert J. Michael, Editor
OMB 112 SUNY New Paltz, New York 12561 (914) 257-2830

ROCHESTER CHAPTER

The Rochester Chapter, in conjunction with several other local organizations, held a successful local conference with over 400 participants. Dr. Virginia Rezmierski was the keynote speaker.

Congratulations to Ingrid Quinn and all the committee for an excellent conference.

UTICA CHAPTER

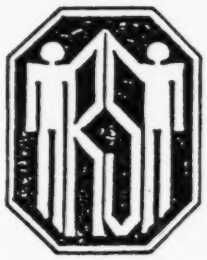
The Utica Chapter had a meeting to review the various aspects of the ANYSEED Conference.

Congratulations to Russ Dalia for providing the leadership.

MID-HUDSON CHAPTER

The Mid-Hudson Chapter hosted a panel discussion with the theme of "teaching ideas that work for me."

Congratulations to Michaela D'Aquanni, Melinda Cormier, Neil Schneider, Debbie Brunjes, Laura Corbett, and Rik Flynn.



THE COREY SCHOOL
at
Pilgrim Psychiatric Center
West Brentwood, New York

A HOLISTIC APPROACH TO SPECIAL EDUCATION WITHIN A PSYCHIATRIC SETTING

by

Phyllis March & Diana Dantuono

Phyllis March, M.S., Chief Educational Services, and Diana Dantuono, M.S., Teacher IV. The Corey School of Pilgrim Psychiatric Center. West Brentwood, New York.

HISTORICAL PERSPECTIVE/PHILOSOPHY

The Educational Services Department at Pilgrim Psychiatric Center in West Brentwood, New York, has been in existence for eighteen years. The program began with one teacher for an entire adolescent unit. Over the years the program has expanded to its present state of 10 teachers, three teacher assistants and two rehabilitation assistants. Pilgrim is an adult psychiatric facility which provides inpatient and outpatient services for adults 18 years of age and older who are residents of Nassau County. The aforementioned adolescent unit was disbanded in 1976.

The services described in this article are available to both adolescents and adults at this facility. The nucleus of the department's philosophy is a reflection of the many components that are enveloped in the educational process. Programs are designed to improve academic functioning levels; however, the faculty at Pilgrim does not measure success strictly in the academic achievement of students. The holistic approach compels the staff to address all of the conflicts that influence students' lives.

Many of the students are products of a system that could not deal effectively with their mental illness. By the time they reach an adult psychiatric facility, they have been through the gamut of various classroom placements and residential settings for children. Many clients are victims of a society that pervasively abuses drugs and alcohol. Strengthening students' academic abilities is important but the onus for their emotional, psychological and physical well-being also falls within the teachers' realm. By establishing an effective rapport with clients it becomes possible to rebuild self-concepts, establish realistic goals and assist in developing the resiliency needed to meet the challenges ahead.

FACULTY

The faculty consistently strives towards excellence. They welcome the opportunity to gain knowledge in other areas that will facilitate their multifaceted role as teachers in a psychiatric setting. As the student population ranges in age from adolescent to geriatric, courses in psychopharmacology, gerontology, nutrition, psychology and neurolinguistics have been added to the inservice list. The staff also provides consultant services for the facility. Faculty members have been involved in developing inservices for AIDS, introduction to English as a Second Language, mobility training for the blind and regional training for the Personalized Care Model (PCM) in the area of Competency Skills.

PROGRAM

The special education program in one component of Rehabilitation Services offered at Pilgrim Psychiatric Center. These services represent a network of programs designed to maximize individual capabilities and potential. All programmatic services are administered in accordance with the Personalized Care Model (PCM) which emphasizes an individualized approach to treatment. There are five elements which comprise the basic structure of Rehabilitation Services:

- Competency Skills
- Psychosocial Leisure Services
- Residential Services
- Vocational Services
- Paramedical Services

Intrinsic in this design is a continuum of services beginning in the residential unit and extending into the community. The following departments are responsible for providing these services:

- Educational Services
- Occupational Therapy
- Physical Therapy
- Psychosocial
- Speech Pathology/Audiology Services
- Rehabilitation Counseling
- Remotivation Therapy
- Therapeutic Recreation Services
- Vocational Programs

EDUCATIONAL SERVICES

Diagnostic Testing/Placement

Comprehensive diagnostic evaluations are completed for all clients to ascertain functioning levels. Adolescents are afforded all of the legal procedures as is their right in accordance with State Education and the Office of Mental Health (OMH) regulations. All clients 18-21 years of age without a high school diploma are presented to the facility's Committee on Special Education. All testing information on adults and adolescents is given to the department's Placement

Committee which determines the appropriate class placement and schedule for each client. The following programs are available to all clients at Pilgrim:

COMPETENCY SKILLS

This program has proven to be an excellent discharge preparation course. The curriculum focuses on honing skills which will enable the student to function successfully in the community. The coursework includes: social skills, community awareness, vocational development, personal hygiene, human sexuality, nutrition, meal preparation, money management and coping skills. All clients referred to vocational services must be evaluated to ensure competency in these areas. The instructors of this course developed their own evaluation tool entitled Community Living Assessment for Self Sufficiency (C.L.A.S.S.).

COMPUTER LITERACY

This course accommodates all clients regardless of functioning level. The students have a vast array of software in all subject areas at their disposal. The computer literacy program encompasses the following: introduction to computers, processing data, writing a program in BASIC, vocational aspects of the computer field, word processing, database and spreadsheets. The computers are instrumental in the production of the school newspaper and special invitations, notices and leaflets requested by various departments to publicize special events.

ELEMENTARY/SECONDARY EDUCATION

A comprehensive program is offered on the elementary and secondary level. All curricula meet the standards set forth by the State Education Department. The secondary program emphasizes preparation for the G.E.D. exam. The General Education Development program offers students the opportunity to receive the high school equivalency diploma. Pilgrim is an approved G.E.D. test site. All students who successfully complete the examination are honored at Pilgrim's annual graduation ceremony. Indeed, many graduates have found gainful employment in the community.

DEVELOPMENTALLY DISABLED

This class is designed to service severely regressed clients. The program focuses on strengthening fine and gross motor skills, developing perceptual and cognitive abilities and formulating an individual language communication program for each student. A multidisciplinary approach is employed in developing programs for these target areas.

ENGLISH AS A SECOND LANGUAGE

This class is available to speakers of all foreign languages. It has been called the "United Nations" of the education department as the class is comprised of clients of various nationalities. Lessons are designed to improve language comprehension and expression, conversational skills, reading, writing and articulation of the English language. The program utilizes the Fundamental Language Assessment, an evaluation tool designed by the ESL instructor at the facility. This assessment identifies areas for remediation in vocabulary, pronunciation and basic language skills.

PROGRAM INITIATIVES

Inherent in the holistic approach to rehabilitation is the responsibility teachers have to students to foster a sense of community and belonging. Towards this goal many school activities are planned to meet the academic, psychological and social needs of the students.

One of the first objectives initiated was a contest. The students were asked to vote for school colors and submit suggestions for a slogan and logo. The banner depicts the school colors (blue and silver), logo (Educare) and school name, as well as the logo for Rehabilitation Services. The Corey School is a tribute to Pilgrim's first teacher, Thelma B. Corey.

All activities are a team effort by students and staff. The school newspaper, the IEP (Informative Educational Publication), is representative of these efforts. This publication informs the Pilgrim community and public sector of pertinent health, safety and consumer issues, and highlights activities of the education program and facility. The students not only gain writing skills but also learn computer technology.

Unfortunately, many students have been accustomed to institutionalization. The lack of communication and camaraderie exacerbates the characteristics of their illness. The development of a "Care and Share" program enables the clients to reach out to others. The major focus of this program is twofold: to familiarize students with community services and to help the students reach out to those in need. Over the years the students rallied behind many causes.

The first enterprise enabled the school to come to the assistance of the Sesseton-Wahpeton tribe in South Dakota. A story in a local newspaper featured an article on the proposed closing of the tribe's school due to a lack of a school library. The students decided that they wanted to help. The entire student body participated in planning a cake sale and flea market. All proceeds were donated to the tribe. The contact person for the Tiospa Zina Tribal School, overwhelmed by this gesture, visited the facility. As a result of this visit, the students were able to view Indian artifacts and learn about the tribe and life on a reservation. Students from the tribal school wrote to thank the students and staff for their generosity. What a wonderful sharing experience this was for the students at Pilgrim.

Donating to charities has now become a tradition of the school. Canine Companions, Ronald McDonald House, Long Island Association for AIDS Care (LIACC), Adopt-A-Family, Small World (Pilgrim's Day Care Center), and Project Rudolph (the facility's annual holiday toy drive) have all benefitted from these efforts.

Pilgrim's Executive Director, Peggy O'Neill, often speaks of the "Pilgrim Community." She initiated the development of Small World and is very supportive of the special programs that promulgate her care and share philosophy.[1]

The students reside in the nation's largest mental health facility. Providing them with a sense of community and belonging is paramount. Special class projects enable students to participate in facility events such as Black History, Martin Luther King Jr. Commemoration, Women's History and the

International Festival.

Another successful program initiated is the guest lecture series which was established this year. Each month a person from the community is invited to address students on various topics. This past year the lecture series included information on AIDS, substance and alcohol abuse, sexually transmitted diseases, family planning, consumer awareness, legal issues, psychopharmacology and the Victims Information Bureau. The students benefit from the content of the lecture, and the speakers learn, as they look out into their attentive and eager audience, that there is nothing to fear. Bringing the community into the facility will hopefully effect a small yet significant change in the way society perceives the mentally ill population.

The Educational Services Department also sponsors cultural events for the facility. This spring the Pilgrim community attended its first opera. The Opera Options Company presented its outstanding production of the Magic Flute. This performance was attended by the students and staff from the facility as well as the school from a neighboring psychiatric facility.

Facility funding also enabled the department to retain an actress to present special programs to highlight Women's History Month. The first program introduced students to female poets through recitation. Recently this performer presented a one-woman show entitled, "Roots of Rebellion", which depicts women's struggle for equality. The success of these programs has resulted in facility support for the development of an expanded cultural arts program.

FUTURE GOALS/SUMMARY

It is the contention of Rehabilitation Services that programs be designed as a result of analysis of client needs. The commitment to offer programs commensurate with those of the public sector has brought the students into the world of video technology. This year staff and students wrote, directed and produced the first departmental video. This production incorporated interactive video, a methodology which unites computer graphics on a video display. This particular video will assist in the development of a public relations program. It will be presented to newly admitted clients as well as to those whose reticence has precluded involvement in a school program.

Fourteen education personnel can only service a small number of Pilgrim's population. Therefore, developing a telecommunications method of instruction is an area presently being explored. Each building is provided with a VCR making it possible for all staff to access any programs developed.

Another future goal is to place our graduates in local community colleges. A staff member will function as a liaison to assist with placement and other related issues.

Staff and clients presently anticipate the development and completion of Pilgrim's Rehabilitation and Community Center. The amenities incorporated in its design (concert hall, Olympic-sized swimming pool, gym facilities and bowling alleys) will broaden the scope of services as well as enhance relationships with the community. The Special Education Department will be relocated to this center.

All educators revel in the growth and maturation of their students. For teachers in a psychiatric center, these feelings are intensified as the students have so many obstacles to overcome. Ever present is the reality that students must function independently in the community. Termed "the outside" by clients, this is at times a frightening proposition. The institution provides food, shelter, clothing, structure and, for many, a family. One of the most difficult tasks we have as teachers is empowering our students with the ability to accept that change is frightening, always possible, and inevitable. Ultimately change provides the opportunity for new growth and a renewed perspective on life. Creating a classroom environment which fosters dignity, trust, acceptance of self and others, communication, love, recognition of innate talents and a desire for independence, enables staff to witness a remarkable transformation. There is no greater sense of accomplishment than to see students, once frightened, despondent and dependent, become willing and able to take their rightful place in society.

The Corey School's staff welcomes comments and an exchange of any program initiatives that you would be interested in sharing with us. Please write to us in care of Pilgrim Psychiatric Center - Educational Services - Box A -Bldg. 24/6 - West Brentwood, N.Y. 11717.

FOOTNOTE

[1]Small World is Pilgrim's Day Care Center for employee's children. The Center provides affordable day care for children three months to four years of age.

THE CLARKSTOWN ALTERNATIVE

THE BIRCHWOOD SCHOOL - A THERAPEUTIC DAY SCHOOL FOR EMOTIONALLY HANDICAPPED AND LEARNING DISABLED STUDENTS

by

Joel Klein, Art Jakubowitz, Susan Tureff, & Nita Fierro

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BACKGROUND

The Birchwood School is a psychoeducational facility with a population of children whose special emotional and academic needs go beyond the resources of the general public school. The school provides a highly structured and individualized school program of remediation and rehabilitation. Birchwood is for students ages five through 21, whose handicapping conditions require a special educational setting and related services to meet their unique management, academic, physical and social needs.

The Birchwood School was originally a private school called Rise West and was developed as a school for emotionally handicapped children. The school integrated a clinical and educational team to work with the total child. Over the years, the Rise West School served emotionally handicapped children in Rockland County and leased space in the Birchwood School which was a Clarkstown Central School District building that was closed because of declining enrollment.

In its later years, the Rise West School, because it was not in the least restrictive environment, began to have severe enrollment problems. The school closed in August, 1984, although there was a great need for services in Rockland County for a separate site school for severely emotionally disturbed children. The Clarkstown Central School District, which had approximately half the children at the Rise West School, decided to continue the Rise West program under district auspices.

The school was changed in some areas, for example, the clinic was no longer a separate entity, enrollment criteria changed and staffing was modified. The Clarkstown Central School District, using many staff members from the Rise West School, developed the Birchwood School. The clinical and structural components were integrated and maintained under the Clarkstown Central School District.

The basic philosophy of the Rise West School was also maintained but enhanced with additional staff and other resources. Today, the Rise West School is no longer in existence, but the Birchwood School, operated by the Clarkstown Central School District since September, 1984, has approximately twice as many pupils as the previous Rise West School and continues to deliver services to severely emotionally disturbed children throughout Rockland County.

Birchwood students enter an environment with a highly skilled and competent staff who take pride in the integrative approach to education which requires regular communication between teachers, clinicians and parents. Treating every student as a unique individual is of paramount concern to all staff members. The involvement of parents in the process contributes greatly to the success rate of the program. The Birchwood team is motivated and dedicated to preparing students to return and be successful in the mainstream society whether in school or at work. For older students who are graduating from high school, the focus is preparing them for a productive life after graduation.

INTAKE

When Birchwood receives a comprehensive referral packet from a school district, a staff clinician reviews the information. The clinician then discusses the candidate with the entire clinic to determine whether the student appears appropriate for the program. If the applicant is a suitable candidate, the procedure is as follows. The parents are interviewed by the social worker to determine whether the student can benefit from the Birchwood program. The intake process is seen as a diagnostic tool for gathering information on the student's adjustment and general level of functioning. The student's areas of strength and special interests are discussed as well.

The more that is known about a student, the more prepared staff members are to help facilitate his or her adjustment to the special education program. The student is evaluated by a staff psychologist who interviews the student and administers psychological tests. The school social worker will do a social history and the staff psychiatrist may conduct an evaluation.

After the interviews, the social worker and the psychologist report their findings to the entire clinic staff and the school principal. The information is reviewed in order to decide whether there is an existing class structure which is appropriately designed to meet the needs of the candidate. The recommendation for entry into the program is threefold:

1. Consideration of the student's appropriateness for the program in general.

2. Consideration of the existing class structures based on age, academic, social and emotional needs.

3.The availability of an opening in the particular class being considered. A student may be accepted into the program or placed on the waiting list until an appropriate placement is available.

PROGRAM

Birchwood provides a highly individualized program to meet the needs of each student accepted into the program. Classes are small, 6 to 8 students per class, with one teacher and one teaching assistant. Foster grandparents and student teachers are also in each class to work individually with students and assist the teacher. Academic and behavioral goals are developed for each student through the Individualized Educational Plan (I.E.P.) and an Individual Treatment Plan.[1]

Teachers at Birchwood are trained to work with their students in an accepting, therapeutic manner; the first step of which is to form a trusting relationship with each child. All pupils at Birchwood eat lunch in their classrooms. Each classroom is equipped with a large table and chairs which allows students and teachers to eat lunch as a class group. Teachers and teaching assistants emphasize appropriate behavioral and socialization skills during the lunch period. Birchwood teachers work closely with each student's therapist, sharing information and suggestions for what might be the best approach in individual cases.

Birchwood offers elementary and secondary education curricula. Each student enrolled receives a core curriculum emphasizing reading, language arts, math, science, social studies and health on both the elementary and secondary levels. Adaptive and regular physical education programs are provided. Each classroom is equipped with an Apple IIe computer and a computer course is available as an elective. The school also has a computer laboratory and Macintosh computers are used in technology, art and other areas. Some students are mainstreamed, when appropriate, to their home school for one or two courses as a beginning step to returning on a full-time basis.

Specialized and intensive instruction is available within a range of secondary level subject areas. An Individual Vocational Plan is developed and coordinated with career exploration, vocational assessments and career counseling. While at the Birchwood School, students have the opportunity to consider BOCES courses and program offerings, paid work experience or college placement on a part-time basis.

The secondary core curriculum offers both Regents and non-Regents courses including English, mathematics, social studies, general science, biology, Spanish, speech, theater arts, computers, typing, graphic arts, general arts, music, drama, home and careers and physical education. Credit for meeting diploma requirements for both Regents and non- Regents courses is obtained in cooperation with the student's home district.

Birchwood is a participant in the New York State Education Department's approved Diversified Work Program.[2] Through this program students are able to receive credit toward high school graduation through instruction combined with actual work experience. Students are provided with on-the-job counseling and instruction in employment skills.

An important component of the Birchwood program is the presence of a crisis intervention teacher. Birchwood's Crisis Intervention Teacher takes pride in focusing on preventive techniques which are based upon knowing every student through close observation and by communicating with teachers and therapists on a daily basis. It is therefore hoped that intervention will take place before problems escalate. When a student is in need of special attention, usually due to behavioral difficulties, the crisis teacher is ready to address the student's needs in a structured manner. The goal is to try to help the student re-channel his or her negative behavior and return to the classroom as soon as possible. The crisis intervention teacher, the classroom teacher, the therapist, the school nurse and the principal are all actively involved as part of the crisis prevention team.

As part of the team, Birchwood's school nurse is always available to help students with health issues and emotional needs. Students know they can enter her office and find someone who cares and who offers nurturance. The nurse is an extension of the therapeutic program for particular children.

The guidance counselor at Birchwood assists the students in vocational and academic planning. Three types of diplomas are offered at Birchwood: Regents, Local or I.E.P.[3] It is the goal of the program to prepare students for either post- secondary education or employment. Vocational plans and vocational referrals often become an integral part of a student's curriculum. Teachers of special subjects, such as art, technology, physical education and music, provide one- to-one therapy for students who may have a particular talent or interest in their area of specialty. This may be arranged as the result of a recommendation from a teacher-clinic meeting, from the classroom teacher, or from the interested student.

Birchwood has been approved by the New York State Education Department as an undergraduate and graduate practicum training site because of its specialized comprehensive program. The undergraduate and graduate school practicum students provide individualized tutoring for Birchwood students.

Additional one-to-one assistance for students is provided by four foster grandparents from the Rockland County Council for Senior Citizens. They are assigned to work in particular classes, but interact with students throughout the building.

Extra curricula activities are built into Birchwood's regular school day. The school's newspaper, the Birchwood Beat, has been published since 1984. Students at all levels are encouraged to participate in all areas involved in the publishing of a newspaper. The Birchwood Beat is circulated five to six times per year.

The student whose interest lies in any phase of theatrical production will find fulfillment in the drama production. Birchwood's spring drama production provides an opportunity for learning about all aspects of the theater.

Birchwood's newly established yearbook is a photographic review of the school year. Positions on the yearbook staff are open to all students and faculty members, with two Birchwood teachers acting as yearbook advisors.

After school hours, Birchwood's After School Socialization Club meets. This club allows students to enjoy the company of their friends while given the opportunity to participate in a variety of activities.[4]

The Birchwood Summer School is a six week program providing academics along with summer fun for Birchwood students. This program is funded by the New York State Education Department. Assisting students, in addition to teachers and teaching assistants, are teacher interns from

Lehman College and the College of New Rochelle. Students attending the six week program are considered to be beginning a new school year. Individualized Educational Plans are written for each student for a full year as of July 1. Regular school subjects, including physical education, are covered for both high school and elementary students.

Summer activities for the elementary students include a daily group swim and swimming instruction. On rain days, bowling, movies and group games are provided in place of swimming. Each week a field trip is scheduled for the entire elementary section. Summer high school students are involved in a work/study program. After a morning of academic work, the remainder of their day is spent at paid work assignments, both in Birchwood and out in the community. The Birchwood Summer School is a rewarding six weeks for both students and staff.

An integral part of the Birchwood program is the clinical component. The clinical staff is comprised of a clinic supervisor, social workers, psychologists, a consulting psychiatrist, a guidance counselor, a nurse and a crisis intervention teacher. The clinicians are integrated into the school through a network of both formal and informal structures. The clinic team, along with the principal, meets four hours a week to discuss crisis situations, analyze particular case dynamics and to coordinate students' programs in a way that recognizes both academic and therapeutic needs.

Another modality for formal communication is the teacher clinic conference wherein teachers from each section (i.e., primary intermediate and adolescent) meet weekly with the clinicians and the principal to discuss difficulties a student might be having, to share information of family issues and to evaluate students' progress.

Both the clinic and the teacher clinic meetings incorporate the essence of the Birchwood program: team decision making. At Birchwood, although administration is often responsible for implementing decisions, the entire teaching staff as well as the clinicians provide invaluable input in the decision process. This integrative approach to special education is predicated on the belief that in order to help a youngster achieve his or her maximum potential, every student must be treated as a unique individual. Towards that end, there exists ongoing day to day cooperation and communication between clinicians, teachers and teaching assistants. On a visit to Birchwood, one can usually find several teachers and therapists discussing students with whom they work. This team effort puts Birchwood students at a distinct advantage as their needs are being served by many competent, caring and well informed adults.

Every student at Birchwood receives therapy at least once per week. The therapist offers a wide range of services which are matched to each student's needs, personality, socialization skills and general school adjustment. Birchwood students can feel secure knowing that clinicians are always available. If a special need arises, a student can see his or her therapist at a time other than the regularly scheduled session. Therapists at Birchwood actively participate in other phases of the program, such as teacher-parent-therapist meetings, writing of Individualized Counseling Plans (I.C.P.), taking part in the annual reviews at the Committee for Special Education (C.S.E.) which includes preparation of progress reports and evaluation updates, and visiting other school districts to coordinate the plan for a student's return to the mainstream.

All parents of Birchwood students are also required to participate in counseling. This is considered a necessary adjunct to the child's functioning and progress. Issues discussed are centered around the child's development, adjustment to school, and the parent-child relationship. Efforts are made to coordinate the school program with family needs and a wide variety of schedules. Parents may choose from individual counseling, family counseling and/or participation in the father's group.

Birchwood wants its parents to know that every effort is made to reach out. When parents are unable to come to Birchwood, the "therapist on wheels" will make home visits, or meet parents at their job sites to accommodate special situations.

Many visitors to Birchwood often comment on the aura of warmth and concern that is readily discernable. In assessing the ingredients that compose this successful program, it can be speculated that the strength of the many existing informal networking systems is the availability of support for staff members, who do not experience a sense of isolation or burden at having to resolve these problems alone.

A post graduate study on School Climate was conducted at Birchwood in 1985, and the results of a staff and student survey indicated that the elements unanimously rated as the most positive in the program were Respect and Caring. (Respect was defined as the degree to which positive regard is given to all teachers, parents, students and other members of the staff. It also referred to the degree of self pride within the school. Caring was defined as the degree of concern generated from the interdependence between administration, staff, students and parents, as well as the degree of encouragement and support for personal growth through daily interpersonal relationships).

Therefore, a positive school climate, coupled with strong and effective leadership, has resulted in a program which not only addresses the emotional needs of Birchwood students, but enables staff to assume an active role in decision making and conflict resolution. These factors create an environment where students and staff together can achieve optimum personal and professional growth.

FOOTNOTES

[1]An individual treatment plan is the therapeutic plan that the clinical and education staff will use in working with the child and family.

[2]The Diversified Work Program is designed to provide students with a successful, supervised work experience. The program includes classroom instruction and on the job experience with supervision. The student earns one to three high school credits depending on the number of hours of successful work experience.

[3]In New York State, high schools can award several different diplomas: (a) Regents - students take a required sequence of courses and must pass N.Y.S. Regents Examinations to demonstrate proficiency in the courses; (b) Local - Students take a required sequence of courses, but are not required to take N.Y.S. Regents Examinations. Other examinations are required; (c) C.I.E.P. - This option is available to students classified as handicapped. Students who fulfill the requirements of their I.E.P. are eligible for this diploma.

[4]Some of these activities include games (checkers, chess, Trivial Pursuit, volleyball, basketball, etc.), discussion groups, outdoor activities, arts and crafts, etc.

THE LAST STOP ON THE PUBLIC SCHOOL EXPRESS

(A SPECIAL PROGRAM FOR SEVERELY EMOTIONALLY HANDICAPPED CHILDREN K-12 AT ORLEANS NIAGARA BOCES)

by

Lynne M. Gang

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Twelve years ago, special ed. entered the Age of Enlightenment with P.L. 94-142. In our corner of Western New York we were coping with growing populations of suddenly identified children who, (like orioles and robins share birdlike characteristics), had some commonalities but also specific differences that needed alternative programming.

We had expected that we could mix and match the milder handicapped child whether he (even then it was HE) had perceptual or behavioral problems but it was soon evident that some of the behavior children were seriously impinging on the rights and progress of their fellow classmates. We first wondered if this wasn't the case of the old conundrum about, -- "if you'd only take this one child out, my class would be perfect" or if it were truly that we were seeing a rise in the number of disturbed children who did not respond to classes of 10-15 children with structure and some behavior modification.

Prior to my arrival in New York in 1970, I had spent one year as the "Crisis Teacher" in a new program that linked the Hartford, Connecticut, City School system with the Child Guidance Clinic at "The Retreat" or as it is now known, The Institute of Living. (The Institute was and is a private psychiatric facility where many of the great names of Hollywood and other VIPs were treated before the days of the Betty Ford Clinic and similar places.) Although our program consisted of only two classes of ten children each, ages 6- 12, it opened my eyes to the need to take a different approach to children whose lives were in turmoil.

With this little experience and thinking that good staff and some planning would bring it all together, I took my first step off into the abyss of starting a program for severely emotionally disturbed children. My superintendent was skeptical and felt that just the cost of the program would deter districts from participating. He bet me that we would never have more than 25 students.

In the fall of 1976, we opened with a hand picked staff of three teachers, three aides and a secretary who doubled as the "time out" person whenever we had to remove a child from the classroom. We also inherited part of a temporary building which had housed vocational classes and the first of many renovations gave us three small classrooms and an office which bounded a common area set aside for art or shop as well as a little kitchen space. Another vocational shop had been converted into a gym room with a shower facility and a little time out room.

Our first children included some from Niagara Falls which was not even a component district of our BOCES. Some came from other BOCES classes where they were misfits and others had no previous special education involvement but had become very troublesome in their districts. Although as a staff we had spent a week together talking about our program objectives, policies and strategies before we began, each day of the first few months was like being in the eye of a hurricane; only a few minutes would pass before we were facing a maelstrom.

By November we had passed the 25 mark and new referrals pushed us into a fourth class. Our approach was eclectic at best, and we did not even have a counselor or psychologist assigned to help. Out of desperation I pirated our social worker from our preschool program for a few hours a day to do some group counseling and also to give some moral support to the staff.

Even in the first year, we developed an intake procedure that has become a keystone of our program. We will not take any child unless he/she appears with a parent or guardian for an intake conference where the child's problems are reviewed, the program is explained and the basic rules and consequences are presented in contract form which the child and parent have to agree to abide by. (This paper is signed by the child's teacher as well as the parent or parents and the child).

No child is admitted unless they agree to the program and rules as set forth. While the paper may not be binding as a legal document, everyone concerned recognizes that it is the "ticket in". With both the child and the parent present we set the stage for a forthright exchange of information.

From the beginning it is clear that we will not talk about the child behind his back. The information shared with the parent will be exactly what is told to the child and usually in the child's presence. It is at this initial conference that we also explain how the student leaves the program. He may earn his way out to a less restrictive environment, graduate or, if worse comes to worse and it becomes necessary as we were 'the last stop on the public school express,' residential placement would be the next option.

During those first three years we struggled through each day meeting crisis after crisis. Counseling was added and we came up with a ratio of one counselor to every twenty-five children. Classes were kept to 10 or less and by 1978 we had seven classes at the beginning of the year and two more added before

that next June. We were wrestling with questions about who should we take and what kind of information should we have about the student.

The 10-to-12-year-olds seemed to cause us the biggest headaches. They didn't respect any type of authority regardless of the size or shape it came in. They struck out, turning over desks, tearing up books, papers, running out of classrooms, the building or both. Bright, average, mildly retarded and autistic were mixed up together as we tried new tactics to manage our constantly growing population. Two of the original teachers became Head Teachers, one for the lower age classes and the other for our secondary age children.

All classes were self-contained and many field trips and outings were included with the premise that we needed to give these children an opportunity for socialization experiences. Students had to earn the right to go on the trips. For most who had limited experience away from their homes, these opportunities became great motivators.

Until 1983, our population seesawed from the beginning of the year until June but we never had more than nine classes. It became evident in the fall of 1983 that we needed to look at the type of behavioral techniques we were using and develop a plan which would promote a more therapeutic environment for the students and at the same time foster better intra-staff communication and consistency in handling behavioral and/or discipline concerns.

Within the confines of the classroom, on an anonymously completed questionnaire, some teachers admitted to soaping of mouths, hair pulling, hitting children on the hand or buttocks, teasing, making derogatory comments, yelling, swearing, bribery and arguing, as ways they had disciplined their students. Indeed, corporal punishment was not outlawed until 1985 in New York State.

We took three days to reestablish our system of discipline and develop hierarchies of approved practices. We made it clear that any abuse by a staff member would not be tolerated and would be subject to a minimum of a written reprimand in their personnel file.

The most important point was that we all needed to learn more about how to create a positive, structured environment for ourselves as well as the students. Part of the time we discussed how we as adults failed to communicate to one another in a supportive and reinforcing manner. Each staff member shared ways they felt reinforced, both positively and negatively, i.e., someone making light of something you take seriously vs. someone else who is kind and encouraging about something you think is important, singling out someone and berating them before their peers or students, ignoring or being rude. So much of what we found we didn't like done to us we were guilty of doing to others. We decided it was time to emphasize the positive whenever possible.

Nine of our most difficult children were then each assigned to a team composed of all staff (teachers, assistants, time out people, specials teachers and counselors) to develop strategies and contingencies to use in the classroom and when it became necessary to remove the child from that setting. These treatment plans became a focus for us all to begin to be more supportive so the teacher no longer felt isolated and totally responsible. It also began to create more meaningful dialogue between the counselors and the teachers as to what each was trying to accomplish.

As part of improving ourselves as caregivers we also began to look at Restraint Training. Some of our staff had worked in residential facilities, particularly Wyndam Lawn, and recommended some of their people to do training for us. We discussed this with their administration and developed a program about our academic base and how we managed home school relations while they in turn did a two day workshop for every member of our staff, from custodian to supervisor, who had anything to do with our program. The Restraint Training gave everyone confidence because part of the premise is the trust you have that there is always another adult ready to come to your support.

Two days after in inservice, we had our first chance to prove ourselves - it was spring and for the first time we had just added five high school age girls. The boys could hardly contain themselves, those girls really were "lookers." Overnight the vying for favors began.

Two of our six footers had set their cap for the same girl. A fight broke out in the hall. Moments later eight adults had restrained them face down on the hall floor when the girl in question came out to save her Romeo by tearing at some of the staff restraining him. Four more of us restrained her.

The rest of the students had gotten a glimpse of what happened before they were shooed back out of the corridor. The incident was over in minutes and the students involved were embarrassed at how easily they had been subdued. The word was out - the staff was not afraid and now they knew what to do when there was a physical confrontation. What a difference it has made.

Now every fall before school begins we run a four day workshop for all new personnel that may have any contact with the ED program. It includes orientation to BOCES and our program, philosophy, classroom management techniques and restraint training. Several opportunities are provided during the year for all staff to practice their skills.

As far as the students are concerned, at the high school level restraint may be used three or four times per year. For junior high, particularly with our self-contained classes it is more frequent. The children most apt to need restraint are the 8-to-12-year-old group who seem to have the most need to hurt and be hurt. Restraint allows you to deal with a child's anger in an objective way.

As an adult you are not alone so it ceases to be personal. You can talk calmly and soothingly to a child directing him to relax before you release him as he is spewing oaths designed to see you in hell or impugning the honor of your mother, etc. Restraint also teaches you how to remove a child from a fight or room in a way that does not inflict injury on the individual or the adults involved. Serious incidents have declined. Students tell new students about it. They also back off when someone becomes out of control and will quickly leave the area or room when asked to do so.

Another procedure that we have adopted in relation to fighting is that the two parties involved must try a conciliation session together with their counselors to see if they can iron out their problem. If this is done satisfactorily to all parties, and there have been no injuries, punishment is waived.

All of our discipline procedures are menu driven and staff and students are aware of the next step on the discipline ladder of every specific offense. As a result, any infractions can be dealt with in an objective manner as they follow a written code, i.e., first offense for smoking is a warning, etc.

Organizationally our program now has 170 plus students. We

have a full time Assistant Principal, a head counselor, a full time psychologist, and a consultant psychiatrist who works with us eight hours per month. Four years ago we departmentalized our high school program for most of the 65 students at that level. We were fortunate that four of our high school staff also were dually certified in the four academic subject areas and special ed. Other staff include Physical Education, Health, Driver Training, Home & Careers, Industrial Arts and Business/Computer teachers. We hope to add a second language teacher this year.

Our curriculum offerings have been reviewed by each school sending students and their coursework is acceptable for graduation requirements. Midyear RCTs are offered on campus but at the end of the year we arrange for students to take them in their home school district.

Three of our students who had returned to their districts as seniors in September graduated with their classes in June, 1988. Next year we will also have three students who, for the first time, will complete all degree requirements without being mainstreamed, either for occupational or academic work, outside of the EH program. These three students, however, will need continued counseling to make it in the adult world but all three wish to go on to college. For students over 17 who do not have enough credits to earn a regular high school diploma, we have a self contained IEP/GED preparation class.

At the junior high level, four classes are also departmentalized. Students who are advanced may take subjects in a higher level class. In the elementary school team teaching is encouraged. Class size is limited to nine for Option IIs and six for Option III.

We have also separated out the children who come to us with MR, autism or diagnosed psychoses into groupings we refer to as "generic." Their classes allow for mainstreaming into the departmentalized academics and occupational programs (the latter refers to the Occupational Skills classes BOCES has for handicapped children). Within their classes, survival skills and community work programs (for those over 15) are emphasized. Students may go as a class to work for a week in a local greenhouse learning how to start seedlings. Community based experiences provide training for the children in the requirements of employment and allow us to evaluate their future potential for work in a non sheltered vs. sheltered situation.

For children who need mainstreaming opportunities, we have two classes in the component districts with a support person for counseling and crisis service. When students are ready to leave the "nest," their first experience comes in either going to a vocational or occupational class half day or attending half day classes in their own, or one of our two neighboring, districts if the distance is too great.

If the child needs a special education class because of learning handicaps, the choice may include a BOCES district based class serving children with similar needs or a district based class. A child must be successful in half day programming for at least one semester before being recommended for a change out of the EH program.

THE FUTURE

Each year has been a learning experience for both students and staff. More counseling for parents as well as a job coach for older students are two identified needs for future programming. A new building is in our future as well as new sites in district based schools. Besides serving our own components and Niagara Falls, we have had students from eight Erie County school districts and one Genesee school district.

Why the growth spurt? In our two counties, Orleans and Niagara, the early years of this decade found many families facing sudden and long term unemployment as factories cut back and small businesses folded. The resultant family strife caused severe disruption and spawned divorce, child abuse and despair. Many of our children share this background. We are also a very high stress society and employment demands, financial drains and lack of extended family support contribute to the number of children that are neglected and parented unsuccessfully and need a program such as ours.

Visitations and consultations are welcomed. Our center is located at 4124 Saunders Settlement Road, Sanborn, New York, 14132 and the phone number is 716-731-4145.

NOTICE—NOTICE—NOTICE

The ANYSEED Executive Board at their meeting on November 15th, 1985 voted unanimously to discontinue distribution of free issues of PERCEPTIONS to its mailing list and/or other interested persons. Future free distribution will be made ONLY to members of ANYSEED. This policy took effect with the first issue following the 1986 Special Conference Edition. The Board established an $8.00 per copy price for individual issue requests and a $30.00 annual subscription rate for this quarterly publication. Institutional subscription rates were set at $10.00 per individual issue or $36.00 per annual subscription. Institutional multiple copy rate will be $100.00 for ten (10) copies of each quarterly issue.

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BRINGING MENTAL HEALTH SERVICES TO PUBLIC SCHOOL PROGRAMS

STUDENTS WITH EMOTIONAL PROBLEMS: ERIE I BOCES

by

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INTRODUCTION

Erie I BOCES currently operates Option III Classes (6-1+A) for students with severe emotional/behavioral problems. All classes are housed in regular public elementary and secondary school buildings. Through a cooperative venture with the Western New York Children's Psychiatric Center, a team of mental health professionals provides assessment and counseling service for both students and parents within the regular school setting. The combination of educational services and mental health services within a regular public school environment is an extremely unique feature. This combination of services enables students to receive mental health services without being removed from a normal school environment. The program provides a viable alternative to institutional placement and/or placement in a day program in a segregated facility.

The program serves 18 component school districts in the northern suburbs of the Buffalo, New York, area.

HISTORY

In the 1982-83 school year, Erie I BOCES started four classes in the 6-1+A service area for students with severe emotional and/or behavioral problems. This was the first year that New York State mandated Part 200.6 of the Regulation of the Commission of Education which required school districts and BOCES to provide self-contained classes with the following pupil-teacher ratios: 12-1, 12-1+Aide, 6-1+Aide and 12-1+4 Aides (1 aide for every 3 students). The students served were all classified as handicapped with the majority being labeled as "Emotionally Disturbed." Students generally could be characterized as having problems in the areas of interpersonal relations, tolerance for frustration and compliance to school-related demands. Most exhibited above-normal to mildly-limited intellectual abilities.

Initially it was felt that the relatively low pupil-teacher ratio would facilitate the process of meeting student needs and managing maladaptive behavior. However, during the first year it became obvious that, even with only six students, the teacher could not effectively deal with the needs of students and parents. Additional support was needed to assist the teacher in understanding the complexity of student emotional needs and to assist the teacher in managing negative student behavior. Families also required additional support in understanding, accepting and dealing with their child's emotional problems and the effect these problems had on all members of the family. The teacher could not perform the role of both instructor and social worker. Finally, the students themselves required frequent intervention to understand, accept and effectively change their own behavior. Again, the teacher could not perform the role of both instructor and social worker to students.

During this first year, other indicators of problems began to emerge. For example, the frequency of complaints from host building principals increased. Incidents of student referrals to the school office were increasing beyond the limits of the principal to effectively respond. The number of three to five day student suspensions also increased as well as the frequency of returning students to the jurisdiction of the Committee on Special Education in order to find a more restrictive placement (e.g., residential or day treatment). Experienced teachers were reluctant to request transfers to this program, leaving some of the most difficult students with the least experienced teachers.

During 1982-83 and 1983-84, various attempts were made to provide students and families with mental health services. For example, personnel from the sending Committees on Special Education were asked to link families to community mental health agencies for counseling services. These attempts met with limited success. For some families the addition of another agency at a different location was something they could not cope with and attendance at agency sessions was inconsistent. For those students and families that did consistently participate in agency services, coordination of services and sharing of information between educational personnel and agency personnel became difficult to manage. For example, since student counseling services were offered at a site other than the student's school, direct face to face communication between the student's teacher and student's therapist was difficult to arrange. This limited the coordination that is necessary for both teacher and therapist to be maximally effective. Information about a crisis that occurred in school was difficult to rapidly and accurately relay to the student's therapist. When the teacher was available to telephone the therapist, the therapist was with another client, etc. A unified, coordinated program serving both educational and mental health needs did not exist.

Beginning in the spring of 1984, the Western New York Children's Psychiatric Center, an agency operated under the jurisdiction of the Office of Mental Health, offered to bring a mental health team into the schools in order to provide community-based service. Erie I BOCES, an intermediate level

school district operated under the jurisdiction of the State Education Department and funded by eighteen component school districts, agreed to provide the educational services needed. In October, 1984, three 6-1+A classes began receiving service by a mental health team from the Western New York Children's Psychiatric Center. For the 1988-89 school year 20 such classes, supplemented by the mental health team, will be operated. In the following sections, a more detailed description of both the educational services and mental health services will be provided.

EDUCATIONAL SERVICES

The educational needs of students with severe emotional handicaps are being addressed in 6-1+A classrooms located in public schools. The classrooms are clustered so that 2 or more classes are located in the same building. The program addresses the needs of primary to senior high age students on a daily basis. The program's success is based on four critical concepts that are implemented in the classroom on a daily basis.

The first component addresses the clustering concept. All BOCES classes are located in elementary, middle, junior high and senior high schools. Each building cluster includes two or more BOCES teachers, a psychiatric social worker, two or more teacher aides, an alternative learning center aide and other appropriate therapists (e.g., speech, physical therapy, occupational therapy, etc.). Since the student population served by this core of professionals is very demanding and quite volatile, the thrust of the core cluster is to provide support to all team members. The teachers collaborate in daily lesson planning, mainstreaming support, discussing programming concerns and problem solving activities.

The philosophy of serving students with emotional disturbance in the least restrictive environment permeates the entire BOCES I system. For the students to become active members of society, all educational intervention must occur in the public school setting. The next layer of the clustering concept involves the building principal, regular education teachers. the school nurse and the support staff in the host school. For this clustering concept to work, the building principal must be totally committed to the students with handicapping conditions. It is the responsibility of the core team to regularly communicate with the principal and to provide in-service training and ongoing support to the building personnel. Core team personnel are required to become involved in the regular activities at the host school, just like all other personnel in the facility.

The building principal sets the tone for the program in each host building. It is critical that core personnel actively communicate both the successful attributes of the program and areas needing improvement to the building principal. The principal needs to feel ownership of the program, since the special classes are housed in his/her building. The principal also plays an important role in mainstreaming issues and also student supervision.

The clustering concept is also influenced by some physical concerns. The classes are generally in adjoining classrooms and need to have close proximity to the cluster, so the least restrictive environment philosophy can be implemented and also to monitor the movement of mainstreamed students participating in regular education classrooms.

The second critical component involves the teaming process amongst the principal, parents, psychiatric social workers, teachers and therapists. The teaming process demands equality of all involved members and active communication on a regular basis, not just when crisis in the child's program arises. All team members are involved in the classroom setting. The classroom teacher needs to continuously open his/her classroom and make sure that the involved persons are comfortable. Social workers have the opportunity to observe the student in the classroom and to collaborate with the teacher concerning key treatment goals and planning. Therapists use either a pull-out system for speech, physical and/or occupational therapy or implement the therapy in the classroom setting. The actual size of the classroom, the distractability of the students and the specific individual objective dictate the location of the therapy.

The third critical component addresses the instructional techniques and strategies implemented in the classroom. The two primary elements are instruction of regular education subjects/remediations and social skill training.

Instruction occurs in the self-contained classroom or in the mainstreamed classroom based on the student's Phase I. Self-contained instruction is individualized, using the classroom teacher and aide. Remedial activities are addressed quite well in the self-contained classroom since the student/teacher ratio is small.

Mainstreamed instruction occurs on a regular basis based on the educational ability of the student and also his/her psychosocial abilities. Success in mainstreaming is measured from two viewpoints, namely, socially and academically competitive viewpoints. The core self-contained teachers provide continuous support to the student and the regular education teachers. This support takes on a variety of implementation methods. The support may be consultative in nature. It may include daily notes or a daily grading system of behavior. It might include the teacher aide attending the regular education program with the student. One of the goals of the program is to achieve participation in the mainstream and to have the student advance to a 12:1 or 12:1+A service area option.

Even though instruction in regular subject areas is important, the other equally important factor is planned and organized social skill training. Teachers provide lessons in social skill training with all of their students. Also, as students learn to control their behavior, teachers provide students with both positive and negative feedback regarding their behavior. This feedback attempts to allow the student to monitor his behavior and to explore options in regards to his/her behavior. The program would ultimately fail if teachers ignored the social skill training component of the program. Students in this option need to be exposed to social skill training and need to practice new skills in a variety of settings.

The fourth critical component is a structured behavior management system and the alternative learning center concept. Each teacher develops, implements and evaluates a behavior management system in his/her classroom. The system is individualized for each student and rewards students for academic performance and demonstration of pro-social skills. Teachers implement systems that use both tangible and intangible rewards, with the majority of teachers using social situations such as free time as a reward for student behavior.

At times, the students in the cluster demonstrate behavior that is not appropriate for the classroom and need to be removed from the situation. Each cluster has a small classroom that is known as the alternative learning center (ALC). A full-time

ALC aide is assigned to this room to manage student(s). The aide has a variety of duties - depending on the situation which include: managing student behavior in the ALC room, providing assistance to students in completing assigned work while in the ALC room, assisting teachers in removing students to the ALC room, assisting students in the transition back to the self-contained room, logging the use of the ALC room and tutoring students in the self-contained classrooms when no students are present in the ALC room. The ALC room enhances the success of the cluster by removing the acting-out student from the learning environment thus eliminating the domino effect with other students' behavior. It also lessens the principal's involvement in negative situations with students and lessens the frequency of students sitting in the main office waiting to see the principal.

MENTAL HEALTH SERVICES

There are approximately 350 Mental Health Day Treatment Programs for emotionally disturbed children in the United States (Zimet and Farley, 1985). Over the past two decades in New York State, the State Education Department and the Office of Mental Health have cooperatively supported the increasing popular concept of School Based Day Treatment Programs for emotionally disturbed children. The SEP/BOCES I Program (Satellite Enrichment Program - Board of Cooperative Educational Services) is one program.

A multidisciplinary team is common to mental health programs. In the SEP/BOCES Program, this team is unique in that the team members are provided by both the Office of Mental Health via the Western New York Children's Psychiatric Center (WNYCPC) and the State Education Department via Erie I BOCES. WNYCPC provides the clinical staff consisting of a program coordinator, consulting psychiatrists, developmental pediatricians, consulting pediatric neurologist and neuropsychologist, a psychologist, a community mental health nurse and several psychiatric social workers. All staff have a minimum of a masters level of training. Since Erie I BOCES traditionally place their classes in "host schools" within their component school population, the principal and school nurse are provided by those host schools. The overall program is a state certified Mental Health Day Treatment Program and the education component meets all State Education Department criteria.

The SEP/BOCES Program is funded through the budgets of WNYCPC and Erie I BOCES. There is no direct cost for families to have their children participate in the day treatment program. The program is designed on a twelve month calendar; children enrolled are eligible for a twelve month educational program and in addition, the clinical staff work twelve months of the year. Clinical services are provided to all children who become day treatment clients of WNYCPC. These services continue in the summer, when warranted, regardless of the child's attendance to the six week summer educational program.

The focus of the SEP/BOCES Program is on reducing the number of students removed from the community school system and decreasing the severity of problems existing within the school system. Counseling services are integrated with educational services for those children whose educational and emotional needs can best be met in a 6-1+A classroom situation. It is a goal of the program for each child to develop socially appropriate classroom behavior as well as socially appropriate interpersonal skills allowing for maximum social and academic success.

Children referred to SEP/BOCES are children who are experiencing emotional and/or adjustment problems in their family, in school and/or in the community. Their problems must be such that they can be dealt with within a community school setting. They must have adequate intellectual development, minimal social skills, motivation/willingness to participate in the program and parental support of the program must be present. Family members are expected to participate in the program at some level. Although an older adolescent may continue in the program with or without active parental involvement, it is unlikely that this would occur with a younger child where parental involvement is considered a must.

Prescreenings are conducted by a BOCES supervisor and the SEP/BOCES program coordinator on new referrals to the program. This may consist of classroom observation, review of academic records, interview with teacher and other professionals working with the child and an interview with child and parents. If the child appears appropriate both academically and emotionally for the SEP/BOCES Program at this point, parents are asked to sign program consent forms. The SEP/BOCES clinical intake team consisting of the developmental pediatrician, the community mental health nurse, a senior psychiatric social worker and the therapist (case manager) being assigned to the case meet with parents and the child to complete the psychiatric assessment and medical-nursing assessment. A very detailed and thorough social history is completed by the psychiatric social worker, usually in the family's home, prior to the intake team meeting. If the child is found to have a DSMIII-R diagnosis (mental health diagnostic terminology), if day treatment services appear appropriate to the level of mental health intervention needed, and if parents consent to treatment for their child after the program and the child's treatment needs have been discussed, then and only then, is the child admitted to the SEP/BOCES Program. The child then becomes an out patient-day treatment client of the WNYCPC. A child may be admitted to a 6-1+A BOCES classroom yet not be a SEP/BOCES client if they don't meet the above criteria.

When indicated, the child's CSE requests BOCES to provide occupational therapy, physical therapy and speech therapy services. Psychologicals are completed by the home school psychologist every three years. If clinical/projective psychological testing is indicated, the SEP/BOCES psychologist or consultants are contacted to complete the testing.

Day Treatment services include individual, family and group psychotherapy as indicated by each child's treatment plan. Therapy occurs in the school during the child's school day. There is a SEP/BOCES office in each school having SEP/BOCES classrooms. Home visits are "built in" to the program and serve to allow for complete assessments as well as to allow for ongoing family therapy. Medications are ordered and monitored when they are indicated, given parental consent. Consultation services are offered to home and host school staff, each CSE and BOCES staff on children who are not in the SEP/BOCES program. Advocacy services for each child are provided daily in the school, family and community as needed and indicated. Upon termination from program services, linkage is offered for each child needing continued mental health or social service intervention. Families in need of adult mental health services are also provided with linkage services.

Staff serving as therapists include the psychiatric social workers, community mental health nurse and psychologist. Each therapist functions as a case manager and liaison within the classroom to the clinical team, teacher, principal and BOCES supervisor. A case manager has overall responsibility for providing therapy and case needs on a day to day basis. A comprehensive treatment plan (CTP) is prepared on each client. This plan is in addition to but in conjunction with the academic individual plan (ITP). The case manager and teacher have joint input into the IEP which is written by the teacher. The teacher and the full clinical team have input into the CTP which is written by the case manager and approved by the developmental pediatrician. The case manager consults with the teacher on a daily basis as to the status and behavior of each child in the program. The case manager observes each child during their academic day. They also maintain ongoing communication with the principal to share pertinent information. The case manager advocates for mainstreaming and alternative placements when indicated. Communication with each child's CSE is ongoing as needed. At least once yearly, a meeting is held in which the clinical team, teacher, CSE representative, BOCES supervisor and representatives from other pertinent agencies involved meet to plan treatment and academic direction for each child. Parents and child are involved in the treatment/academic plan and goals.

Many of the clients in the SEP/BOCES Program are victims of child abuse, family disruption and/or violence and multiple social service/agency involvement. This is not unique to the SEP/BOCES Day Treatment Program; other day treatment programs contend with the same or similar presenting symptoms (Gabel, Finn & Ahmad, 1988). Many children are present with symptoms of hyperactivity, attention deficit, learning disabilities, aggressive tendencies, depression and oppositional behaviors. Others are present with more serious psychiatric disturbances such as pervasive developmental disorder or schizophrenia. As children require hospitalization or residential placement, the case manager coordinates, advocates and expedites such placements. In this sense the clinical team assists the CSE with access to both the mental health and when needed the legal/court system.

The SEP/BOCES Program has grown from serving eighteen to sixty-five children in four years. The program coordinator is a WNYCPC staff member housed in the BOCES Administrative Center. The office location of the program coordinator coupled with the effort, determination and positive attitude of the staff from both agencies, has resulted in the development of a fully integrated school based day treatment program.

FUTURE CONSIDERATIONS

The SEP/BOCES Program has grown very rapidly since the 1984- 85 school year. During the next few years it is anticipated that this growth trend will level off which will give staff the time to enrich the quality of the service. However, the rapid growth since 1984-85 has been complicated by the increasing scarcity of special education classroom space in public school buildings. It is ironic that as mental health services are being brought into the educational community, space for such services is being more difficult to obtain.

Another issue for future concern is funding. Although funding for community based mental health services has been generously available, it is anticipated that expansion of services may be limited by the lack of available funds. It will be a continuing challenge to obtain funding to provide the quality of service described in this article. Finally, although community based programming for students with emotional problems fills a definite need, such service should not be viewed as a replacement for residential placements or traditional day treatment programs operated in a separate facility. All options are needed in order to provide students with an array of alternatives for service.

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